**Form C**

**FAMILY VISITATION AUTHORIZATION**

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| Last Name of Youth:       | First Name of Youth:       |
| County:       | Agency:       |

Identify those BIOLOGICAL RELATIVES or GUARDIANS permitted visitation and his/her relationship to your child. Keep in mind that visitation cannot begin until this form is returned signed by you (the parent/guardian) and the placing agency representative. Please read the Visitation Policy in the Parent/Guardian Information Guide. Due to limited space, visitation is permitted for up to four (4) people per visit, unless otherwise approved by a Campus Director.

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| **NAME** | **RELATIONSHIP** |
|       |       |
|       |       |
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|       |  |       |
| ***Parent/Guardian*** ***Printed Name*** | ***Parent/Guardian*** ***Signature*** | ***Date*** |

|  |  |  |
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|       |  |       |
| ***\*REQUIRED: Placing Agency Representative******Printed Name*** | ***\*REQUIRED: Placing Agency Representative******Signature*** | ***Date*** |

**[ ]** Verbal Consent has been provided and requires **TWO** witness signatures

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|       |  |       |
| ***Witness 1: Placing Agency/GJR Representative******Printed Name*** | ***Witness 1: Placing Agency/GJR Representative******Signature*** | ***Date*** |

|  |  |  |
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|       |  |       |
| ***Witness 2: Placing Agency/GJR Representative*** ***Printed Name*** | ***Witness 2: Placing Agency/GJR Representative*** ***Signature*** | ***Date*** |
|  |  |  |