

CHILD DEVELOPMENT SERVICES (CDS) SPONSOR CONSENT

For use of this form, see AR 608-10; the proponent agency is DCSPER

I, _____ parent/guardian of _____ consent*
to the following in reference to the care of my child/children.

	CHECK	
	YES	NO
USE OF PHOTOGRAPHS FOR RELEASE TO MEDIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PARTICIPATION IN ON-AND-OFF POST EXCURSIONS ACCOMPANIED BY CDS PERSONNEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

INDEPENDENT PARTICIPATION IN ATHLETIC EVENTS, CLASSES, YOUTH ORGANIZATIONS AND CLUBS, WALKING TO AND FROM SCHOOL, VISITING FRIENDS, OR OTHER ACTIVITIES LISTED BELOW.

ACTIVITY	LOCATION	ARRIVE	DEPART	DAYS	DATES
MS/Teen Program	Camp Zama Youth Center, Bldg 314				

	CHECK	
	YES	NO
TRANSPORTATION IN A GOVERNMENT OR COMMERCIAL VEHICLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION IN A PRIVATE VEHICLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER- Video-taping of my child(ren) for internal use only by CYS.*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

*I understand that videos made for the use of CYS will not be available to any people outside of CYS.

**Sponsor consent for access to emergency medical or dental treatment is contained in DA Form 4719-R. Sponsor consent for administration of medication is contained on DA Form 5225-R*

SIGNATURE OF SPONSOR	DATE
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