

CHILD DEVELOPMENT SERVICES (CDS) SPONSOR CONSENT

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

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

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

TRANSPORTATION IN A GOVERNMENT OR COMMERCIAL VEHICLE	CHECK	
	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION IN A PRIVATE VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

**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
----------------------	------