

Parental Consent Form

Authorization to Interview Minor at School

Name of parent: _____

Name of minor: _____

Name of school: _____

Investigating agency: _____

As the parent of the above-named child, I hereby authorize properly identified officers with the investigating agency listed above to interview my child at school during normal school hours. I also authorize the officers to take photographs of any injuries to my child.

I also request that school officials assist the officers by providing an appropriate room in which the interview may be conducted without interruption.

This authorization shall expire ten days after the date below.

Parent's signature: _____ Date: _____