

## 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.

	CHECK	
	YES	NO
USE OF PHOTOGRAPHS FOR RELEASE TO MEDIA	<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

	CHECK	
	YES	NO
TRANSPORTATION IN A GOVERNMENT OR COMMERCIAL VEHICLE	<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
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