

## CONSENT FOR MEDIA INVOLVEMENT

Date:

Case Number:

Consent is hereby given for \_\_\_\_\_ / \_\_\_\_\_  
Youth's Name Date of Birth

To participate in activities related to the State Youth Advisory Board and other youth leadership activities on behalf of youth in foster care in which media may be involved.

\_\_\_\_\_  
Children's Service Worker

\_\_\_\_\_  
Court of Jurisdiction



AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

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