

I hereby authorize the Indiana Department of Child Services use of my or my child(ren)'s likeness, image or photograph resulting from the taking of photographs on or about \_\_\_\_\_\_\_\_ and any updated \_\_\_\_\_\_\_\_ (month, day, year) and any updated \_\_\_\_\_\_\_\_ (month, day, year) and any updated the photographs that may be taken at any point thereafter. I understand these photographs may be used for purposes including entry in to the official state child welfare computer system as a person profile picture and may be used in juvenile court, should a Child In Need of Services (CHINS) action be filed. I agree the photographs may also be used to assist in locating the child should the child go missing during the time DCS has an open assessment or case involving my child(ren).

I certify, swear or affirm that I am competent and over the age of eighteen (18). If the photograph or photographs depict images of my child(ren), I certify, swear or affirm under penalties of perjury that I have authority to consent to the publication of their images and that I do hereby so consent.

This consent form applies to the following adult and child or children (Please print legibly.):

Signature	Date (month, day, year)
Printed name	