



Intake Staff Only

State: _____

Chapter: _____

Case #: _____

PARENTAL CONSENT FORM

I understand that if I am unable to be responsible for my children, and if no one is assigned in writing to take responsibility for my children, or if those assigned refuse to take such responsibility, the Division of Family and Children Services (DFCS) will be contacted for emergency housing of my children. In the event my children require transportation to a designated guardian, I hereby give my permission for staff and/or volunteers of Bikers Against Abuse, to provide transportation.

Client signature _____ Date _____

Advocates signature _____ Date _____

CHILD ABUSE AND/OR PERSONAL HARM REPORTING

Because Bikers Against Abuse, is an organization that is identified as a helping profession, all employees are required by policy to report suspected child abuse or neglect. Therefore, if I am abusive toward my children or neglect my children, I understand that this information will be reported to Child Protection Services. I also understand if I am planning to hurt myself or another individual, this information will be reported to proper authorities.

Client signature _____ Date _____

Advocates signature _____ Date _____