

JUVENILE PARENTAL PERMISSION FORM

I, \_\_\_\_\_ give permission for the following people:

\_\_\_\_\_

to bring my child(ren) \_\_\_\_\_

\_\_\_\_\_

to visit \_\_\_\_\_ while incarcerated in the Kandiyohi County Jail.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Notary Stamp

Signature

Date