Indianapolis Continuum of Care
PARENTAL CONSENT FOR SERVICES
FOR UNACCOMPANIED MINORS

I, _____, hereby voluntarily give my permission for my child/dependent _____ to participate in services provided by the Indianapolis Continuum of Care and its partnering agencies, including but not limited to housing and supportive services. I fully understand that I am legally responsible for my child until they turn 18 years of age, and I maintain this responsibility until that time, while still giving permission for them to participate in these services.

_____

Legal Name of Minor:

_____

Date of Birth

The Indianapolis Continuum of Care administration and agencies involved in providing services are both jointly and separately relieved of all liability, expressed and implied, which may result from receipt of services.

_____

Signature of Parent/Legal Guardian:

_____

Date

_____

Signature of Witness

_____

Date

Last updated 10.2.25