



Contact & Visitation Authorization

I, _____, parent/legal guardian of _____

Authorize contact and visits between the child/youth and the individuals named below. I understand that these contacts and visits will comply with the rules and policies and procedures of The Carpenter's Way. I understand that they may be discontinued by my written request or by decision of The Carpenter's Way staff if determined to be detrimental to the child's/youth's progress. If contacts or visits are discontinued by The Carpenter's Way, I understand I will be notified in writing and have an opportunity to discuss the matter upon my request.

I understand that contacts are by telephone and visits are on campus and off campus, including overnight at the individuals home, unless limitations are specified by me.

Authorized Individual(s)	Relationship	Limitations
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____

Signature of parent/legal guardian

Date