



TO: FACILITY UNIT HEAD

I _____ **THE PARENT / LEGAL GUARDIAN** (please provide a certified true copy of the Birth Certificate, Certificate of Legal Adoption or Court Order giving legal guardianship) **OF THE CHILD/CHILDREN LISTED IN SECTION 1, HEREBY AUTHORIZE THE ADULT(S) NAMED IN SECTION 2, TO ACCOMPANY MY CHILD OR CHILDREN FOR VISITATION WITH OFFENDER**

Offender's Name & Number

WHO IS INCARCERATED AT _____ (name of facility) UNDER THE DIRECTION/ AUTHORITY OF THE VIRGINIA DEPARTMENT OF CORRECTIONS. MY CONSENT IS GIVEN FOR VISITATION TO BE PERMITTED UNTIL I WITHDRAW SUCH CONSENT IN WRITING.

SECTION 1

	CHILD'S NAME	AGE	CHILD'S RELATIONSHIP TO OFFENDER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

SECTION 2

	NAME OF AUTHORIZED ADULT VISITORS	VISITOR'S RELATIONSHIP TO CHILD
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

CONSENT FOR SEARCH AND SUPERVISION:

IN GIVING PERMISSION FOR MY CHILD/CHILDREN TO ENTER THE FACILITY, I UNDERSTAND THAT HE / SHE WILL BE SEARCHED BEFORE BEING PERMITTED TO ENTER THE FACILITY. I UNDERSTAND THAT SEARCH PROCEDURES FOR MY CHILD/CHILDREN WILL BE ACCORDING TO DEPARTMENT OF CORRECTIONS AND FACILITY PROCEDURES, AND THAT THESE PROCEDURES WILL INCLUDE A FRISK/PAT-DOWN SEARCH AND/OR SCANNING BY A HANDHELD OR STATIONARY DETECTION DEVICE.

I UNDERSTAND AND AGREE THAT THE CARE AND SUPERVISION OF MY CHILD/CHILDREN WHILE AT THE FACILITY WILL BE THE RESPONSIBILITY OF THE PERSON(S) NAMED IN SECTION 2 ABOVE.

I HEREBY GIVE MY PERMISSION FOR THE ABOVE NAMED MINOR CHILD/CHILDREN TO BE SEARCHED ACCORDING TO FACILITY SEARCH PROCEDURES. THE SEARCH WILL BE CONDUCTED UNDER THE OBSERVATION OF THE ABOVE NAMED ADULT(S) AND I GIVE PERMISSION FOR MY MINOR CHILD/CHILDREN TO REMAIN IN THE CARE AND SUPERVISION OF THIS PERSON WHILE ON THE PROPERTY OF THE VIRGINIA DEPARTMENT OF CORRECTIONS.

Signature of Parent/ Guardian

“GIVEN UNDER MY HAND THIS _____ DAY OF _____ 20_____

_____ “MY COMMISSION EXPIRES _____, 20_____”

Notary