

IRREVOCABLE CONSENT FORM

STATE OF _____)
County of _____)

I, _____, being the biological parent or legal guardian of _____, born _____, do hereby absolutely and irrevocably give, release, surrender, and relinquish my authority to make placement decisions for the above-named child during the time that the Juvenile Psychiatric Security Review Board (JPSRB) retains jurisdiction over my child; and grant authority to the JPSRB to make placement decisions for my child, including designating a qualified mental health or developmental disabilities treatment provider, and committing my child to a hospital or facility as designated by the Department of Human Services until it discharges my child from its jurisdiction.

I provide my express consent and authorization to JPSRB, and the attorneys representing the state and my child before the JPSRB, to access any confidential or non-confidential records, documents, and/or other information about my child for the purpose of assisting the JPSRB to exercise its jurisdiction over my child pursuant to ORS 419C, including, but not limited to, my child’s juvenile criminal records, child welfare records, and school records. This authorization will expire when the JPSRB discharges my child from its jurisdiction.

I am able and willing to assist my child in obtaining necessary mental health and developmental disabilities services, and I am willing to acquiesce in the JPSRB’s decisions regarding my child as outlined in ORS chapter 419C.

I have read this document, know and fully understand its contents, and sign it of my own free will, without undue influence from anyone.

By signing this form, I agree that my consent is irrevocable from the date of signature until the JPSRB discharges jurisdiction over my child.

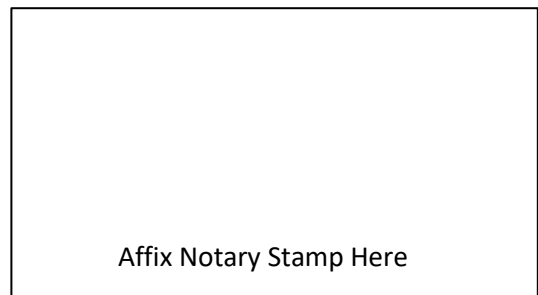
Parent or Legal Guardian of the above-named child

Address: _____

Witness

Address: _____

On this _____ day of _____, 20____, _____ appeared before me and acknowledged execution of this instrument to be his/her voluntary act and deed.



NOTARY PUBLIC
My Commission Expires: _____