

RELEASE AND AUTHORIZATION
TO INVESTIGATE ABUSE AND NEGLECT IN SCHOOL,
TO MAKE PHYSICAL EXAMINATION AND/OR
TO PHOTOGRAPH CHILDREN IN SCHOOL

The undersigned certifies that (he) (she) is a designated employee of the DCFS or local law enforcement officer who is authorized, pursuant to the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5/1 et seq.), to investigate cases of suspected child abuse or neglect and to make a physical examination and/or take photographs of the child who is the subject of a report. The undersigned certifies that: (he) (she) has a reasonable belief that the following conditions and circumstances exist:

1. That (he) (she) has reasonable cause to believe that, _____,
Age, _____, may be an abused or neglected child, based upon a report made on to the DCFS and/or

2. That (he) (she) is required [to make the investigation] [to conduct and interview] and/or [to examine and/or take photographs of the child] because;

3. That the undersigned acknowledges that the authorized school official who released this child into temporary protective custody has done so on the good faith belief that the above representations are true.

The undersigned has made very reasonable effort to notify the person responsible for the child's welfare of this investigation and/or of the photograph to be taken of the child.

Date: _____

(Name)

(Title of Authorized Official)

(Telephone Number)

Approved: 07/01/01

(720.08F2, DCFS Form #2)