

Foster Parent Travel Authorization for Child

Child Information

Child's Full Name

Date of Birth

Child's Case Number

Social Worker Name

Foster Parent Information

Foster Parent Name(s)

Relationship to Child

Address

Travel Details

Destination(s)

Purpose of Travel

Departure Date

Return Date

Mode of Transportation

Additional Information

Authorization

This section serves as authorization for the foster parent(s) named above to travel with the child listed in this document.

Foster Parent Signature

Date

Social Worker Signature

Date
