



Travel Authorization Form

Child's Name: _____

Child's D.O.B _____ Case Name: _____ Legal Status: _____

Worker Name: _____ Worker Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Foster Parent (s): _____

Approval is given for the above named youth to travel **only** on the below dates:

Purpose of travel:

Destination/complete address and telephone # upon arrival:

DEPARTURE INFORMATION:

Departure Date and Time: _____

Arrival Date and Time _____

RETURN INFORMATION:

Departure Date and Time: _____

Arrival Date and Time _____

Mode of transportation (airline/flight #'s, auto-license plate #, other-specify)



Name(s) of travel companions:

Special needs of child (if applicable):

Birth parent's signature

Date

Worker signature

Date

Date Approved by Worker: _____

Note: the companion named is authorization to seek emergency medical examination and treatment for the child/youth if necessary. For more information, contact caseworker or supervisor.

The department of human services will not discriminate against any individual or group because of race, religion, age, national origin, color, marital status, handicap, or political ballots.