

Travel Authorization	
Child's Name	
Child's Birth Date	
Legal Status	
Caregiver Name	
Local Street Address	
Local City, State, Zip	
Local Telephone Number	
Departure Date	
Return Date	
Destination Address	
Emergency Telephone Number	
Caseworker Number	
Supervisor Name	
Name of Person Filling Out Form (if not caseworker)	
<input type="checkbox"/> Parent / Legal Guardian <u>agrees</u> to the travel, and conversation is documented in SACWIS.	
<input type="checkbox"/> Parent / Legal Guardian <u>does not agree</u> to travel, and conversation is documented in SACWIS.	
<input type="checkbox"/> CASA/GAL agrees to the travel, and conversation is documented in SACWIS. * <i>*Required if Parent / Legal Guardian does not agree to travel.</i>	
DO NOT WRITE BELOW, FOR APPROVER'S USE ONLY	
Supervisor Signature:	
Required for: <i>Out-of-County (more than 3 days), Out-of-State, Out-of-Country, any travel that interferes with school or visitation, OR Parent/Legal Guardian Not Involved or Unable to Locate</i>	Date
Department Director Signature:	
Required for <i>Out-of-State, Out-of-Country Travel, any travel that interferes with school or visitation, OR Parent/Legal Guardian Not Involved or Unable to Locate</i>	Date
Division Director Signature:	
Required ONLY for <i>Out-of-Country Travel and Parent/Legal does not agree to the travel (COVER MEMO REQUIRED)</i>	Date
Executive Director Signature:	
Required for <i>Out-of-Country Travel (COVER MEMO REQUIRED)</i>	Date

The person completing this form must give **original** to the Caregiver and send a **copy** to **Clerical staff** for upload to Traverse.

(See reverse side for Medical Authorization for Out-of-Town Travel)

MEDICAL AUTHORIZATION FOR OUT-OF-TOWN TRAVEL

Date

RE: _____
Name of Child

Birth Date

To Whom It May Concern:

The above-referenced child is in the: temporary custody permanent custody
of Summit County Children Services. (check one)

This child is in RELATIVE / FOSTER / ADOPTIVE / OTHER
placement with: (check one)

Name of Family

Street Number and Name

City, State, and Zip Code

Area Code and Phone Number

In case of a medical emergency, please contact Summit County Children Services, (330) 434-KIDS (5437).
After authorization is received, please send a copy of treatment and discharge instructions and the bill
(in triplicate) to the agency at the above address.

Caseworker Date

Supervisor Date