

**CONSENT FOR OUT OF STATE TRAVEL/
OUT OF COUNTRY/EXTENDED TRIPS**

Name of Child: _____

D.O.B.: _____ ID #: _____

Name of Child: _____

D.O.B.: _____ ID #: _____

Name of Child: _____

D.O.B.: _____ ID #: _____

Caretaker Name: _____

Address: _____

Telephone: _____

Who will the child travel with? (Name/Relationship)

In case of emergency, contact person/phone number(s):

What is the purpose of the travel?

What are the travel dates?

Where is the destination? (Exact Address, City, State, and/or Country) (If staying in a hotel, provide specifics.)

Identify which mode of travel will be used and provide specifics.

- Automobile: _____
(Make, Model, License Plate Number, State Issued, Insurance Provider)
- Airline: _____
(Name of Airline, Departure Flight Number/Return Flight Number)
- Train: _____
(Name of Train, Departure Number/Return Number)
- Bus: _____
(Name of Bus Line, Departure Number/Return Number)
- Car Rental: _____
(Name of Rental Company/Phone Number)
- Other: _____
(Name of Cruise Line, etc.)

IF TRAVELING OUT OF COUNTRY COMPLETE SECTION BELOW:

NOTE: A COPY OF COURT ORDER APPROVING OUT OF COUNTRY TRAVEL MUST BE FAXED WITH THIS FORM

How will the travel impact visits with bio-parents or siblings?

Are the bio-parents in agreement with the child being out of the country for that length of time?

Are there travel warnings for the section of country the child will be visiting? (Travel warnings can be checked at travel.state.gov.)

How close will the child be to local hospitals, doctors, or other medical facilities?

As parent, guardian or legal custodian of the child(ren) named above, I hereby consent to his/her travel for purpose(s) as indicated above.

This consent is valid through _____
(Last date of travel.)

DCFS Guardianship Administrator

Date: _____

By: _____
Authorized Agent

Date: _____