

CAROLINA FAMILY CONNECTIONS
CONSENT FOR FOSTER CHILD TRAVEL

Child's Name: _____

Record #: _____

I hereby give Carolina Family Connections' foster parent(s)/staff,

Permission to travel with the above named child to:

(street address & hotel name is applicable)

The mode of transportation will be: _____

The purpose of the trip is:

I understand that the trip will begin on _____ (month/day/year)

and that the child will return on _____ (month/day/year.)

(print name of Legal Guardian)

Signature of Legal Guardian

Date