Summit County
CHILDREN SERVICES
Building Families . . . Building Futures

264 S. Arlington Street ▪ Akron, Ohio 44306-1354 ▪ Phone (330) 379-9094 ▪ Fax (330) 379-1901 ▪ Hotline (330) 434-5437 ▪ summitkids.org

Advance 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	
Emergency Telephone Number	
Social Worker Number	
Supervisor Name	
Name of Person Filling Out Form (if not a social worker)	

☐ **Parent /Legal Guardian refuse to consent to the travel.**
☐ **Parent /Legal Guardian approval is documented in SACWIS.**

DO NOT WRITE BELOW, FOR APPROVER'S USE ONLY

Supervisor _____

For *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 Refuse to Consent* **Date**

Department Director _____

For *Out-of-State, Out-of-Country Travel, any travel that interferes with school or visitation,* OR *Parent/Legal Guardian Refuse to Consent* **Date**

Division Director _____

For *Out-of-Country Travel,* OR *Parent/Legal Guardian Refuse to Consent* (COVER MEMO REQUIRED) **Date**

Executive Director _____

For *Out-of-Country Travel* (COVER MEMO REQUIRED) **Date**

Person completing form must give original to Caregiver and send a copy to Records and Legal. (One-week notice must be given to Legal for out-of-state travel or any travel where parent is not in agreement.)

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

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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.

_____ _____
Social Worker **Date**

_____ _____
Supervisor **Date**