

Child's Last Name:		Child's First Name:		Child LINK #:	Child's DOB:
Child's Medical Insurance Carrier:				Child's Medical Insurance Policy Number:	
Child's Legal Status: <input type="checkbox"/> CPS Committed <input type="checkbox"/> Delinquent <input type="checkbox"/> Dually Committed <input type="checkbox"/> OTC <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Statutory Parent <input type="checkbox"/> Voluntary Services					
Caregiver Name:		LINK #:		Caregiver Phone Number:	
Caregiver Home Address: (No. and Street):		City:		State:	Zip:
Requesting Social Worker's Name:			DCF Office:		Date of Request:
Requesting Social Worker's Phone Number:			Requesting Social Worker's E-mail Address:		

**TRIP SPECIFICS**

<input type="checkbox"/> Overnight with Caregiver <input type="checkbox"/> Overnight with: <i>(Enter Name of Organization):</i>					
FROM: Date			UNTIL: Date		
Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Destination:					
Out-of-State Address: (No. and Street):			City:		State: Zip:
Contact Person:			Telephone number:		
Means of Transportation:			Driver's Operator's License #:		
CT Auto Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Auto Insurance Carrier:		Policy #:	

**APPROVAL**

The above-named child has permission to travel out-of-state: (approval not required if trip is for less than forty-eight hours)					
PM, PD or Office Director Name:		Date:	Parent / Legal Guardian Name:		Date:
Manager or Director Signature:			Parent / Legal Guardian Name Signature:		

**EMERGENCY MEDICAL PERMISSION**

A medical provider or facility **MUST** make reasonable efforts to obtain verbal permission from the Department of Children and Families **PRIOR** to providing emergency medical treatment for a foster child by calling the appropriate office at **(enter phone number)** \_\_\_\_\_ between 8:00 a.m. and 5:00 p.m., Monday through Friday, or the Careline at 800-842-2288 between 5:00 p.m. and 8:00 a.m. Monday through Friday, or all day weekends and holidays. If verbal permission cannot reasonably be obtained, a medical provider or facility may provide emergency treatment as deemed necessary, but DCF **MUST** be notified as soon as possible thereafter.