



Summit County  
**CHILDREN SERVICES**  
*Building Families . . . Building Futures*

264 S. Arlington Street ■ Akron, Ohio 44306-1354 ■ Phone (330) 379-9094 ■ Fax (330) 379-1901 ■ www.summitkids.org

<b>ADVANCE AUTHORIZATION FOR OUT-OF-COUNTY TRAVEL</b>	
<b>Child's Name</b>	
<b>Child's Birth Date</b>	
<b>Legal Status</b>	
<b>Care Giver Name</b>	
<b>Local Street Address</b>	
<b>Local City, State, Zip</b>	
<b>Local Telephone Number</b>	
<b>Departure Date</b>	
<b>Return Date</b>	
<b>Destination</b>	
<b>Emergency Telephone Number</b>	
<b>Social Worker Number</b>	
<b>Supervisor Name</b>	
<b>Name of Person Filling Out Form, if not a social worker</b>	
<input type="checkbox"/> <b>✓ box if parent(s) refuse to consent to the travel.</b>	
<input type="checkbox"/> <b>✓ box if parental approval is documented in SACWIS.</b>	
<b>DO NOT WRITE BELOW, FOR APPROVER'S USE ONLY</b>	
<b>Supervisor</b>	
<i>For Out-of-County (Overnight), Out-of-State, Out-of-Country, OR Parents Refuse to Consent</i>	Date
<b>Department Director</b>	
<i>For Out-of-State, Out-of-Country Travel, OR Parents Refuse to Consent</i>	Date
<b>Division Director</b>	
<i>For Out-of-Country Travel, OR Parents Refuse to Consent (COVER MEMO REQUIRED)</i>	Date
<b>Executive Director</b>	
<i>For Out-of-Country Travel, OR Parents Refuse to Consent (COVER MEMO REQUIRED)</i>	Date

Person completing form must give **original** to **Care Giver** 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.)





**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 of Summit County Children Services.

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**

