



Suncoast Center, Inc.

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UNSUPERVISED VISIT FOR CHILD IN MEDICAL FOSTER CARE

RE: _____ DOB: _____
Child's Name Date of Birth

Having obtained permission from the attending physician and administration to take the above named child from the Suncoast Center, Inc. Medical Foster Care home from _____ a.m. on _____, 20 ____ to _____ p.m. temporary absence and hereby releases the Suncoast Center, Inc. and Medical Foster Care Home, their employees and consultants from all responsibility during this absence and for my child's condition as a result thereof.

I understand that the daily service charge will not be altered by this absence.

Release Date: _____ Return Date: _____

Release Time: _____ Return Time: _____

Signed by: _____
Signature / Date

Relationship to Child: _____

Witness: _____
Signature / Date