

## House of New Hope

8135 Mt. Vernon Rd.  
St. Louisville, Ohio 43071  
Tel: 888.200.1296  
Fax: 740.745.3429

### Consent for Travel Out-of-County

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Travel Period: Leaving on \_\_\_\_\_ Returning on \_\_\_\_\_.

Traveling with Whom: \_\_\_\_\_ Relationship: \_\_\_\_\_.

Destination: \_\_\_\_\_.

Purpose: \_\_\_\_\_.

Emergency Contact Number (if available): \_\_\_\_\_.

Name of Foster Parent: \_\_\_\_\_

Address & Phone of Foster Parent: \_\_\_\_\_

Custodial Agency Caseworker and Phone: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the above named child to travel out-of-county to the destination and during the time period listed above. I acknowledge that this travel is for therapeutic and/or social/recreational reasons that will benefit the above named child. During this travel period, it is understood that parent, legal guardian or staff will supervise the child.

Custodial Agency  
Representative \_\_\_\_\_ Date \_\_\_\_\_