

<b>VACATION OR VISIT ONLY</b>			
From (HHS name and title)		Financial County	Phone Number
Name of Child(ren)		Date of Birth(s)	State ID(s)
			HHS Status: <input type="checkbox"/> Custody <input type="checkbox"/> Guardianship
Present placement (check one): <input type="checkbox"/> Authorized Kinship Caregiver <input type="checkbox"/> Residential (specify): <input type="checkbox"/> Foster care <input type="checkbox"/> Other (specify):			
Location (street address for placement)		City	State      Zip Code
Permission is granted for 30 days or less for the above-named children to travel out of state with _____ to visit the state of _____.			
<b>From (date):</b>		<b>Until (date):</b>	
The child or children will be traveling with: Foster Parent			
Name		Relationship	Phone Number
Address		City	State      Zip Code
Reason for visit: General description of travel – (i.e. John Smith is traveling with his foster parents via car to Illinois.)			

**Consent for emergency medical treatment and out-of-state travel:**

In the instance where emergency medical treatment may be required, all reasonable attempts to reach the parent or guardian will be made to secure permission before medical treatment is given. Should the efforts to contact the parent or guardian, and Department prove unsuccessful, I as the parent or legally authorized guardian, give permission for emergency medical treatment to be given to my child.

The Kinship Caregiver or Foster Parent will inform HHS in the event of an emergency or change in plans. If applicable, contact the Iowa HHS after hours at 1-800-362-2178.

In instances where emergency medical treatment is provided, the authorized caregiver shall contact the parent and HHS case manager as soon as possible.

Parents Contact Information	Guardian Contact Information
-----------------------------	------------------------------

Parent or Guardian Signature		Date
Approved by (signature of service area administrator or designee)	Title	Date