



LifeSpan Family Services of PA
 203 Lane Ave
 Punxsutawney, PA 15767
 Phone: 814-938-4408 Fax: 814-690-1850
www.LifeSpanFamilyServices.com

Parents Travel Form

When foster parents plan to be away from their home in a travel status that will be 24 hours or longer, the parents need to request and obtain LFS permission. If possible, the request for permission to travel should be submitted at least one week before the anticipated date of departure. Such permission may be requested by completing the form below.

Permission is requested to travel with _____ . The date,
(Name of Child)
 which we plan to leave from our home, is _____. The date that we plan to
(Date of Departure)
 return home is _____. I/We agree to notify the Program
(Date of Return)
 Manger/Caseworker immediately upon our return home. Child treatment plan goals and supervision as required for the child will be fully addressed while we are traveling.

Our travel destination address is _____ .
(Provide complete mailing address)

The phone number where we can be reached in the event of an emergency is _____ .
(Provide more than one phone # if appropriate)

 Foster Parent Signature Date

 Foster Parent Signature Date

Your request to travel with the child named above is approved _____ .
 Your request to travel with the child named above is disapproved _____ .

 Lifespan Family Services Representative Signature and Title Date

The signature below signifies notification and approval of above travel plans

 Placing agency / Guardian Signature Date