Re: , DOB:

To Whom It May Concern:

has our agency's approval to travel with to . He has our approval to obtain any necessary emergency medical services for . This child is in the Legal Custody of the . If needs routine medical services, those services can be provided upon return to the foster home in Wisconsin.

If there are any questions, or in the event of an emergency, please contact me, 's social worker at Monday-Friday, to Central Daylight Time. If I am not available, please follow the instructions in my voice mail message to reach my supervisor. If my supervisor, r I are no ilable, please explain the nature of the situation to the receptionist so that someone from our staff may take appropriate action.

nk you for your anticipated cooperation. Do hesit o c you ny questions or need further clarification.

Sincerely,

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