



Jim Doyle  
Governor

Helene Nelson  
Secretary

**State of Wisconsin**

**Department of Health and Family Services**

Re: \_\_\_\_\_, DOB \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ is in the guardianship of our agency and is currently placed in the \_\_\_\_\_ Foster Home located at \_\_\_\_\_ . We hereby authorize \_\_\_\_\_ to provide his consent for \_\_\_\_\_ in order to attend any and all school-scheduled functions. These may be on or off of school premises.

We do not need to be advised of these events as they occur, unless they are out of state. If so, we will ordinarily give verbal approval unless written material is required. In that case, we will provide whatever is required.

In my absence, please contact our regional office and either myself or any of the adoption social workers \_\_\_\_\_ act for this department. I am enclosing two copies of this letter – one \_\_\_\_\_ and one for the \_\_\_\_\_ school.

If there are any questions, please call me at \_\_\_\_\_. Thank you.

Sincerely,

\_\_\_\_\_, Worker  
Adoption and Consultation Unit  
Division of Children and Family Services



Enclosure  
cc: Principal

