**Child Placing Agency / Treatment Foster Care Program**

**Consent to Transport**

Use of this form is voluntary. Refusal to sign this consent form, however, will affect the ability of the placing agency or foster home to provide timely services to your child. Information on this form will be used by the child placing agency / foster care program and will not be shared with other organizations. Information collected on this form will not be shared outside of the agency / program staff and its agents.

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| --- | --- | --- |
| I / We |  | the parent(s) / guardian of |
|  | Name – Parent or Guardian |  |

|  |  |
| --- | --- |
|  | hereby authorize |
| Name – Child |  |

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|  |
| Name – Child Placing Agency or Treatment Foster Care Program |

Staff and its Treatment Foster Parents to transport my child in their personal vehicles and / or company issued vehicles throughout the duration of their placement with this agency. We understand that all agency staff have valid driver’s licenses as well as appropriate car insurance.

The purpose of the transportation encompasses all routine events as well as the specific treatment needs of the child.

On behalf of my child, I release the Treatment Foster Care Agency, its staff and the treatment foster parents from any claim or cause of action that may arise as a result of said travel.

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| **SIGNATURE** – Parent / Guardian |  | Date Signed |

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|  |  |  |
| **SIGNATURE** – Witness |  | Date Signed |