

**NATIONAL CENTER FOR CHILDREN AND FAMILIES
GREENLEAF TREATMENT FOSTER CARE PROGRAM**

PERMISSION TO TRAVEL

Name: _____

Date of Birth: _____

Destination: _____

Telephone Number: _____

Responsible Party: _____

Reason for Travel: _____

Date(s) of Travel: _____

Other Information: _____

Parent/Guardian: _____

Signature(s): _____

Date: _____