1605 Eustis St.
St. Paul, MN 55108
(P): 651-646-7771 | (F): 651-646-0436
chlss.org

Name of Child

Parent(s)/Guardian or County Representative

Name of foster parent(s)

FOSTER PARENT/FOSTER CARE SPECIAL ACTIVITIES PERMISSIONS FORM

To be completed and signed by the child's legal parent, guardian, or county representative

_____ *Initials*

Authorization for Media

I give permission for the Foster Family to be involved in newspaper articles, social media posts, or any other media outlet that would identify the child as a foster youth. This permission is valid for the duration of service delivery unless otherwise specified by the child's guardian. This permission is valid for the duration of service delivery unless otherwise specified by the child's guardian.

_____ *Initials*

Authorization for Pictures/Videos

I give permission for the Foster Family to take pictures/videotapes of my child during day-to-day activities while in foster care. I also give permission to have pictures taken at school, or in other settings as appropriate. This permission is valid for the duration of service delivery unless otherwise specified by the child's guardian.

_____ *Initials*

Authorization for Driving Privileges

I give permission for the youth to drive or use "other" modes of transportation including but not limited to snowmobiles, motorcycles, all-terrain vehicles (ATVs), boats, ride horses, etc. I give permission for the Foster Family to help the youth access any necessary safety courses to drive legally and safely in compliance with MN State laws. This permission is valid for the duration of service delivery unless otherwise specified by the child's guardian. The approved mode(s) of transportation are:

_____.

_____ *Initials*

Authorization for Change in Appearance

I give permission for the Foster Family to support the youth in modifying their appearance including but not limited to haircuts/styles, piercings, and tattoos. This permission is valid for the duration of services unless otherwise specified by the child's guardian. Any permanent body modifications such as piercings or tattoos require permission every time. The approved modification(s) is:

_____.

_____ *Initials*

Authorization for Out-of-State Travel

I give permission for the youth to travel out-of-state with the Foster Family while in their care. Permission to travel out of state is required every time this occurs.

Travel dates: _____ Travel location: _____

_____ *Initials*

Authorization for Transportation of Youth by Assigned CH Worker

Under very rate circumstances, CH staff may transport foster youth. I give permission for the youth to be transported by their assigned CH Worker as part of their authorized service agreement. Permission to transport youth by their assigned CH Worker must be obtained every time this occurs.

Assigned CH Worker: _____

Date of Transportation: _____

By signing, I approve of the above conditions. This release is valid for the duration of services provided.

_____ _____

Parent/Guardian or County Representative Signature Date

_____ _____

Parent/Guardian or County Representative Signature Date