OUT OF STATE AUTHORIZATION FORM

Date: ____________

Regarding children: ____________________________________________

_________________________________________________________________

Medicaid number(s) ____________________________________________

Traveling: Out of the State of Ohio to _________________________________.

Travel Date: Leaving ___________________ Returning ___________________

Persons authorized to take children on trip: _______________________________.

Additional specific child information: _________________________________

Signature: _______________________________

Caseworker/Placement worker: __________________________

Note: The children are in the custody of Marion County Children Services. Any medical or emergency care must be authorized by the agency. Please contact 740-389-2317 during office hours or 740-382-8244 (dial 0) after hours to gain authorization to treat.