



HEALTH, HOUSING AND
HUMAN SERVICES
2117 CAMPUS DRIVE SE-STE 200
ROCHESTER MN 55904
507.328.6400

DATE: _____

FOSTER PARENT'S NAME: _____

FOSTER PARENT ADDRESS: _____

To whom it may concern:

_____ (child's name and date of birth) is in the care and custody of Olmsted County, Minnesota. Olmsted County placed _____ (child) with _____ (foster parent).

_____ (foster parent) have Olmsted County's permission to take _____ (child) to _____ (destination) on the following dates: _____.

Emergency Information:

After Hours Social Worker: 507-281-6248 (evenings and weekends)

Social Worker: _____

Social Worker's phone number: _____

Social Worker's Supervisor: _____

Supervisor's phone number: _____

Medical Information:

Child's MA number: _____

Clinic/Medical Provider Name and Phone Number: _____

Sincerely,