



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Division of Protection and Permanency

Border Agreement Non-Custodial Consent for Transportation

Name of Child	
Date of Birth	
Parent/Guardian(s)	
Caregiver(s)	
Precautions or Special Instructions	
Name and location of child's physician	
Name and location of child's school	

Proper safety restraints and car seats will be used as required by law.

Permission granted for transport by:

Parent/Guardian Signature

Date

Effective Date _____

Expiration Date _____

(Transportation consent limited to a maximum of 72 hours or next business day from the effective date)