

Customer: _____

Case #: _____

APPROVAL FOR OVERNIGHT VISIT AWAY FROM GROUP HOME

As the legal guardian for _____ I hereby give permission for him/her to spend the nights indicated below at the location listed below. I understand that this is not an activity sponsored directly by InReach. I further understand that the staff of InReach will not be present to provide supervision during the visit and that supervision of the above customer will be the responsibility of the person or persons listed below. The following person or persons may assist the customer with administering any medications which are scheduled to be taken during such day outings.

Person(s) responsible for customer during the visit: _____

Location(s) customer will be staying: _____

Date customer will leave for this location: _____

Date customer will return to the group home: _____

Signature of legal guardian: _____ Date: _____

APPROVAL FOR OVERNIGHT VISIT AT ANY TIME

As the legal guardian for _____ I hereby give permission for him/her to spend the night with the individual(s) listed below at any time during the following year without any further notification of or approval by me. I understand that such visits are not activities sponsored directly by InReach. I further understand that the staff of InReach will not be present to provide supervision during such visits and that supervision of the above customer will be the responsibility of the person or persons listed below. The following individuals may assist the customer with administering any medications which are scheduled to be taken during such day outings.

Person(s) responsible for the above customer to stay with at any time during the following year:

Signature of legal guardian: _____ Date: _____