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| --- | --- | --- |
|  | **Our Ref** |  |
| **If you telephone please ask for** |  |
| **Your ref** |  |
| **Date** |  |
| **E-mail address** |  |

To whom it may concern

**Re: (childs name) D.OB:**

*(Child`s name)* is subject to a Care Order, Section 31 the Children Act 1989. He/She is placed with( Foster Carers/s name) who *is/are* approved foster carers for Halton Borough Council and they reside at *(placement address)*

*(Child`s name)* will be going on holiday with his foster carer`s to *(holiday destination),* flying from *(Airport Name)* Airport to *(Airport Name)* on *(dd/mm/yyyy)* and returning on *(dd/mm/yyyy).*

Halton Borough Council has delegated the responsibility of consent to medical treatment to the Foster Carers for treatment that has been recommended by a medical or dental practitioner which is required to alleviate the child’s pain or distress, such as in the case of accident, emergencies or serious illness during their holiday.

Halton Borough Council have been given full details of the holiday and travel details and have received a copy of the travel insurance and confirmed that it provides appropriate cover for *(Child`s name)*

If you require any further information, or in an emergency, please contact me on the number at the top of this letter, or alternatively contact Halton Borough Council on Tel: 0303 333 4300. Outside of normal office hours contact the Emergency Duty Team on 0845 0500 148 or 0345 0500 148.

Yours faithfully

*(Social Workers name)*

Social Worker

(Name of team)