



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



AUTHORIZATION FOR HOSPITAL DISCHARGE

Date _____

RE: Authorization for Hospital Discharge

Dear _____ Hospital designee:

_____ is a child placed in the custody of the Department of Human Services. This is your authorization to release the child to _____, a representative of the contract agency responsible for providing emergency foster care services.

If necessary, you may contact me at the CW office by calling _____.

Sincerely,

DHS Representative Signature