

CHILD'S INFORMATION (Please Print)

Name: _____ DOB: _____

Primary Address: _____

Primary Care Physician: _____ Phone: _____

PCP Address: _____

Insurance Name: _____ ID NO.: _____

Dentist Name: _____ Phone: _____

Dental Insurance Carrier: _____

Friendswood Children's House is authorized to obtain emergency transportation to and/or emergency medical care for the above listen child at the nearest hospital's emergency room, or at the emergency room the EMS/Ambulance service is required to transport patients to at the time of emergency.

Parent's Printed Name Date

Parent's Signature Date

Please attach a separate sheet of paper for additional Medical Professional information as necessary due to your child's unique medical needs.

MOTHER/GUARDIAN'S INFORMATION: (PLEASE PRINT)

Name: _____ Email: _____

Home Address: _____

Employer Name: _____ Phone: _____

Employer Address: _____

Work Schedule: Days & Hrs: _____

Home Phone: _____ Cell Phone/Provider: _____

CAR: Make: _____ Model: _____ Color: _____ Year: _____

License Plate: _____ Driver License State/NO: _____

FATHER/GUARDIAN'S INFORMATION: (PLEASE PRINT)

Name: _____ Email: _____

Home Address: _____

Employer Name: _____ Phone: _____

Employer Address: _____

Work Schedule: Days & Hrs: _____

Home Phone: _____ Cell Phone/Provider: _____

CAR: Make: _____ Model: _____ Color: _____ Year: _____

License Plate: _____ Driver License State/NO: _____

AUTHORIZATION TO RELEASE CHILD

Child's Name: _____ Classroom: _____

In case of an emergency, or if I am unable to up child I, _____
 Parent/guardian authorize FRIENDSWOOD CHILDREN'S HOUSE to release the above referenced child to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listen herein. **I understand that addition or deletions to this list must be submitted in writing for this agency to honor them.** Parents, due to the nature of the parental relationship, need to be included on this form. Parents, as a matter of law, are afforded the right of immediate access to their children while attending FRIENDSWOOD CHILDREN'S HOUSE. Please refer to the Parent Handbook for more information on the Release of Children and Custody Orders. If there is an issue with a parent picking up this child please discuss it with the center director so the appropriate documentation can be obtained.

 Parent's Signature Date

Please include anyone upon whom you may call in an emergency to help you with picking up your child. We have given four spaces, please copy this form or use additional pages as necessary. For the safety of your child, please inform all authorized pick up persons listen herein that we will ask for government issued photo ID when they arrive to pick up your child. If they do not have a government issued photo ID with them we WILL NOT release your child to them under any circumstances.

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| NAME: | RELATIONSHIP TO CHILD: |
| DRIVERS LICENSE NO.: | HOME PHONE: |
| CELL PHONE | WORK PHONE: |

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| NAME: | RELATIONSHIP TO CHILD: |
| DRIVERS LICENSE NO.: | HOME PHONE: |
| CELL PHONE | WORK PHONE: |

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