

Place child photo here  
or email copy into the office

## CHILD INTAKE INFORMATION

*(Separate sheet for each child)*

Child Full Name: \_\_\_\_\_ Male / Female      Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Language: \_\_\_\_\_

Child Race/National Origin: White Black Hispanic Native American Asian/Pacific Other

Distinguishing traits/birthmark: \_\_\_\_\_

Special needs (medication, etc.): \_\_\_\_\_

Allergies: \_\_\_\_\_

School Attending: \_\_\_\_\_ What grade is child in? \_\_\_\_\_

How long has it been since child last seen non-custodial? \_\_\_\_\_

Child reaction to seeing the non-custodial parent: \_\_\_\_\_

Insurance: \_\_\_\_\_ Member #: \_\_\_\_\_

Child Amicus: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Only fill out information above this line for each additional child.

### ALTERNATE PICK-UP

Name:	Relationship:	Contact No:
Automobile Make:	Model:	Year/Color:
Texas Driver's License No:	Texas Driver's License Expiration:	State:

### EMERGENCY CONTACT

Name:	Relationship:	Contact No:
Name:	Relationship:	Contact No:

All information must be completed on this form or will not be accepted. The custodial party must designate an alternate competent adult to pick up the child(ren) should they be unavailable. Copy of valid driver's license is required on file for designee and must be obtainable to the supervisor upon request. **Note:** No child will be released to anyone with an expired driver's license and/or alcohol/drug consumption. A criminal history will be collected on alternate pick-up person. The designated adult must follow the same rules and guidelines as the custodial party.

## Medical Emergency Release

\*I, \_\_\_\_\_, certify that I am the parent or legal guardian of the minor child (ren) listed below, and as such, I hereby convey temporary authority to Angel's Harbor Supervised Visitation Program for the sole purpose of obtaining or arranging any emergency medical care for my minor child (ren) as may be deemed necessary for the well-being of my child (ren) when not accompanied by a parent/legal guardian or should either parent/legal guardian be unreachable by telephone.

THEREFORE, I hereby approve and empower Angel's Harbor Supervised Visitation, Inc. with the authority to arrange and/or consent for all emergency medical care and treatment of my child in my absence. I understand Angel's Harbor will use all attempts to contact me first for my approval.

1. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\* \_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\* \_\_\_\_\_  
(Date)

\* \_\_\_\_\_  
(Relationship to Child)

\* \_\_\_\_\_  
(Home/Work Number)

\* \_\_\_\_\_  
(Cell Number)

### Authorization to Release Information

My child is participating in the Angel's Harbor Supervised Visitation Program, and I hereby authorize Angel's Harbor to make inquiries about my child from therapist, counselors, teachers, school, etc.

I hereby authorize the party receiving this form to disclose any information they may have relating to my child that may be requested by Angel's Harbor. Information received will become a permanent part of my child file at Angel's Harbor and will be treated as confidential by Angel's Harbor Office.

I waive my right to view this information and I release the party receiving this form from liability for providing this information.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Staff initials: \_\_\_\_\_

Date: \_\_\_\_\_