

Child Intake Packet

White Black Hispanic Native American Asian/Pacific Other _____

Child Name: _____ Male / Female Date of Birth: _____

Age: _____ Hair Color: _____ Eye Color: _____ Language: _____

Distinguishing birthmark: _____ Illness: _____

Special needs or medication: _____

Allergies: _____

School Attending: _____ What grade is the child in? _____

Child Name: _____ Male / Female Date of Birth: _____

Age: _____ Hair Color: _____ Eye Color: _____ Language: _____

Distinguishing birthmark: _____ Illness: _____

Special needs or medication: _____

Allergies: _____

School Attending: _____ What grade is the child in? _____

Child Name: _____ Male / Female Date of Birth: _____

Age: _____ Hair Color: _____ Eye Color: _____ Language: _____

Distinguishing birthmark: _____ Illness: _____

Special needs or medication: _____

Allergies: _____

School Attending: _____ What grade is the child in? _____

Child Name: _____ Male / Female Date of Birth: _____

Age: _____ Hair Color: _____ Eye Color: _____ Language: _____

Distinguishing birthmark: _____ Illness: _____

Special needs or medication: _____

Allergies: _____

School Attending: _____ What grade is the child in? _____

Child Amicus: _____ Email: _____

Child Therapist: _____ Email: _____

Signature: _____ **Date:** _____

Alternate Pick-Up & Emergency Contact Information

(The custodial must provide someone other than self. Copy of a valid driver's license is required for child pick-up)

_____ Number of child(ren)

Alternate Pick-Up 1 (Must provide)

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

Alternate Pick-Up 2 (Must provide)

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

Emergency Contact Persons (Must provide)

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

The custodial party must designate an alternate competent adult to pick up the child(ren) should they be unavailable. A copy of a valid driver's license is required on file for the designee and must be obtainable to the monitor upon request. **Note:** Children will not be released to anyone without a valid driver's license or under the influence of drugs and or alcohol. A criminal history will be collected on each alternate pick-up person. The designated adult must follow the same rules and guidelines as the custodial party.

Signature: _____ Date: _____

Angel's Harbor Supervised Visitation Child Permission & Waiver Form

Child (ren) Name: _____

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Angel's Harbor Supervised Visitation Program.

PART 1: TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (home phone) or _____ (cell phone), or _____ (other) or _____ (other) have been unsuccessful, I hereby give Angel's Harbor

Supervised Visitation my consent to contact one of the following, or any other licensed medical provider:

Doctor's Name/Phone: _____

Dentist's Name/Phone: _____

Preferred Hospital's Name: _____

for emergency medical treatment deemed necessary and, if necessary, to transport my child to a preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (for dental procedures) concur with the necessity for such surgery and are obtained before the performance of such surgery. Facts of the child's medical history, including allergies, medications being taken, and any other physical impairments to which a physician should be alerted:

Parent Name Printed: _____

Parent Name Signature: _____

Parent Email Address: _____ Contact #: _____

PART II: REFUSAL TO GRANT CONSENT (DO NOT COMPLETE IF YOU SIGNED PART I)

I do **NOT** give my consent for emergency treatment or release of medical records of my child (ren) _____ . In the event of illness or injury requiring emergency treatment, I wish Angel's Harbor Supervised Visitation to take **NO ACTION** and to:

Parent/Guardian Signature

Date