

Safe Haven Visitations LLC

**AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT**  
**(CUSTODIAL PARENT)**

I, \_\_\_\_\_ do hereby authorize the professional Supervised Provider/Monitor to obtain emergency medical treatment for the child(ren), if necessary.

CHILD(REN)'S NAMES

ANY EXISTING MEDICAL  
CONDITIONS OR ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Telephone Number

\_\_\_\_\_  
Parent's Signature

**AUTHORIZATION FOR EMERGENCY CONTACT**  
**(CUSTODIAL PARENT)**

I, \_\_\_\_\_ authorize my emergency contact to be called if the visitation supervisor considers it necessary. I release the monitor from all claims, I assume all risk for claims which may arise as a result of acts or omissions by the following emergency contact person.

Who should be called if you are not available and an emergency happens?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Custodial Parent

**\*Please attach copy of California Driver's License or other photo ID**

Emergency Contact persons are expected to be familiar with rules and procedures, and monitors reserve the right to refuse to work with anyone who is disruptive to visitation services.

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date