

Child's full legal name: \_\_\_\_\_

Child's preferred name: \_\_\_\_\_ Sex: M F Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who has legal custody: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**Mothers Name** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fathers Name** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Other household members: \_\_\_\_\_

The youth will only be released to the person(s) authorized, or in the manner authorized in writing by the custodial parent(s) or legal guardians(s). The following people are also authorized to remove the child from the facility.

**Name** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth's Physician/Health resource \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Youth's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Has the youth had: Surgery: \_\_\_\_\_ Serious Accident: \_\_\_\_\_

Burns: \_\_\_\_\_ Allergies: \_\_\_\_\_ Convulsions : \_\_\_\_\_ Other: \_\_\_\_\_

List any identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Habits, fears, etc \_\_\_\_\_

I give permission to consult the youth's physician/health resource listed above in case of emergency If parent/guardian cannot be reached

Signature of Parent or Legal Guardian

Date