

SAFE HARBOR - REGISTRATION FORM & RELEASE

DATE: _____ TIME: _____

CHILD'S NAME: _____ AGE: _____

LAST FIRST

CHILD'S NAME: _____ AGE: _____

LAST FIRST

ADDRESS: _____

No. & Street City State

PARENT/ADULT NAME: _____

LAST FIRST

ADDRESS (if different from above): _____

No. & Street City State

TELEPHONE: _____ DRIVER'S LICENSE NO: _____

LOCATION IN COURTHOUSE(& Courtroom Number): _____

CASE NUMBER (If applicable): _____

ATTORNEY'S NAME: _____

Name of Responsible Adult if Parent/Adult Cannot be Reached: _____

Telephone: _____ Relationship to child: _____

Does the child have any medical condition that the staff should know about? _____

CONSENT TO MEDICAL TREATMENT

I give my consent to the Staff of *SAFE HARBOR* to provide all emergency medical treatment as needed. This treatment or care may be given under whatever conditions are necessary to preserve life, limb, or well-being of the above-named child(ren).

GENERAL RELEASE FROM LIABILITY

In consideration of your acceptance of this child(ren) into *Safe Harbor*, I hereby release The Child Friendly Courts Foundation, the County of Dupage, and the Clerk of the Circuit Court (including all of their directors, officers, employees and agents) from any and all claims, liabilities, and causes of action that I or my child(ren) may have as a result of activities in or associated with *Safe Harbor*. I understand that *Safe Harbor* is relying upon this Release in accepting this child(ren) and in making *Safe Harbor* available without charge, and I intend for you to so rely. I certify that I have read and understand this Release.

DATE: _____

SIGNATURE OF PARENT/ACCOMPANYING ADULT

Approve by: _____ WRISTBAND NO. _____

Time Child Picked Up: _____

Signature of Parent/accompanying Adult Picking Up Child

PAGER # _____

I have read the *SAFE HARBOR* rules and agree to follow them. _____