

CHILD CARE INSTRUCTIONS

Children: List the child or children involved in the court action.

Name	Age	Date of Birth

Contact Persons: List two emergency contact persons besides yourself:

Name	Phone

Other Emergency Contact Information:

Family Doctor:

Name: Dr. _____ **Emergency contact number:** _____

Address: _____

Preferred Hospital:

Name: _____

Address: _____

Health Insurance:

Name of Insurance: _____ **Policy Number:** _____

Phone: _____

MEDICAL INFORMATION

Special Conditions: _____

Medications: _____

Allergies: _____

OTHER INSTRUCTIONS/NOTICES:

Please note the visiting party will be allowed to interact with the children in question as outlined in the Hannah's House Visitation Guidelines unless there is a court order to the contrary, including but not limited to formal findings or compelling evidence of child abuse, sexual abuse or documented health reason.

Signature: _____ **Date:** _____

Print Name: _____ **Relationship to children:** _____