



Faith Temple Baptist Church • 525-B North Sowers Road • Irving, TX 75061  
Phone 972-313-2100 Fax 972-313-2131  
www.hannahshouse.org

## ***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:** \_\_\_\_\_