

## Safe Harbor Registration Form

Date \_\_\_\_\_ Time \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Adult name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Location in Courthouse/ Courtroom Number \_\_\_\_\_

Case Number \_\_\_\_\_ Attorney Name \_\_\_\_\_

Name of Responsible Adult if Parent /Adult can not be reached – **This is someone other than yourself,**

\_\_\_\_\_

Relationship to child \_\_\_\_\_ Telephone number \_\_\_\_\_

Does the child have any medical conditions 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 the 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/Adult \_\_\_\_\_

Pager # \_\_\_\_\_ Wristband \_\_\_\_\_ Approved by \_\_\_\_\_

Time Child Picked Up \_\_\_\_\_ Signature of Parent/Adult \_\_\_\_\_

I have read *SAFE HARBOR* rules and agree to follow them \_\_\_\_\_

**How did you hear about Safe Harbor?**

Attorney \_\_\_\_\_ Deputy \_\_\_\_\_

Court Website \_\_\_\_\_ Other \_\_\_\_\_