THE HENRY FORK SERVICE CENTER
PERMISSION FORM

Child's Complete Name:_____
(FIRST) (MIDDLE) (LAST)

Complete Address:_____
(HOUSE#) (STREET) (APT#)

_____
(CITY) (STATE) (ZIP)

MAILING ADDRESS (if different):_____

Child's date of birth: __/___/___ Age___ Grade____ School:_____

Name of legal guardian(s): _____
Relationship of person(s) having custody:_____
Mother/Guardian's work place:_____ phone:_____
Father/Guardian's work place:_____ phone:_____
Home Phone:_____ Cell Phone:_____

Persons who we can contact in case of an emergency other than yourself:
(1) Name:_____
Home Phone:_____
Work Phone:_____
Relationship to child:_____

(2) Name:_____
Home Phone:_____
Work Phone:_____
Relationship to child:_____

Please list all persons who have consent to pick up your child from the Henry Fork Service Center after activities or in case of an emergency.
Name:_____ Relationship:_____
Name:_____ Relationship:_____
Name:_____ Relationship:_____

Please list any individuals who are NOT ALLOWED to have contact with your child. If you have a court order denying a person the right to have contact with your child, you MUST provide the center with a copy of the order.

Name:_____ Relationship:_____
Name:_____ Relationship:_____
Name:_____ Relationship:_____