

Superior Court of California, Santa Clara County
Children's Waiting Room Pre-Registration Form
(Notre Dame Avenue)



Parent/Guardian Name: _____ Relationship: _____

Mailing Address: _____

Child's First/Last Name: _____ Birthdate: _____

Has the child been in a child care program before? yes no

Does the child have allergies we should be aware of? yes no (if yes, please explain)

Does the child have medical conditions we should be aware of? yes no (if yes, please explain)

Are there custody issues/agreements we should be aware of? yes no (if yes, please explain)

Does the child have medical insurance? yes no

Name of the child's primary care physician _____

Name of affiliated hospital _____

IN CASE OF AN EMERGENCY, OR IF I CANNOT PICK-UP MY CHILD, I HERBY AUTHORIZE THE FOLLOWING PERSON(S) TO PICK-UP MY CHILD

Name: _____ Phone: _____

Relationship: Mother Father Grandparent Legal Guardian Other _____

Name: _____ Phone: _____

Relationship: Mother Father Grandparent Legal Guardian Other _____

IN CASE OF INJURY OR SUDDEN ILLNESS, I HERBY GIVE AUTHORITY TO ANY HOSPITAL OR DOCTOR TO RENDER IMMEDIATE AID AS MIGHT BE REQUIRED. IT IS UNDERSTOOD THAT I WILL ACCEPT THE EXPENSE OF THIS SERVICE.

Parent/Guardian Signature: _____ Date: _____