



The Honorable Da'Neeka Varner Cotton
Administrative Judge

Circuit Court for Prince George's County and the Seventh Judicial Circuit



Registration Form

Parent(s) Name:

Legal Guardian(s) Name:

Address: (Street, City, State)

Contact Number(s):

Emergency Contact

Name:

Emergency Contact Number:

Address: (Street, City, State) Same as above: Yes No (please circle one)

Relationship:

Children's Information

Name:

Name:

Name:

Age:

Age:

Age:

D.O.B:

D.O.B:

D.O.B:

Male Female

Male Female

Male Female

Location in Courthouse and Case number: _____

Medical Information

I _____ certify that my child(ren) is not sick. (This is to include but not limited to coughing, runny nose, fevers and obvious communicable disease). Date: _____

List any medical conditions and/or medications that the staff should be made aware of:

*Medication will not be administered by the CWR Staff.

List any allergies that your child(ren) may have: (please write the child's name by the allergy listed)

Hospitalization Authorization

I _____ give permission for the Circuit Court for Prince George's County the authorization to have my child(ren) hospitalized at the nearest hospital for care in case of an emergency.

Yes No

Please provide health insurance information: _____

Snack/Drink Approval

Do you approve for the CWR Staff to provide your child(ren) with a snack?

Yes No

Do you approve for the CWR to provide your child(ren) with a drink?

Yes No

Can your child(ren) use the bathroom on his/her own without assistance?

Yes No

REMINDER: (ONLY CHILDREN WHO CAN USE THE BATHROOM WITHOUT ASSISTANCE ARE ACCEPTED IN THE CRW.)

Child(ren) Release Policy

Unauthorized Pick-Up

Parent(s)/legal guardian(s) must list, on the Registration Form, the name(s) of all persons who are permitted to pick up their child(ren) from the CWR. If the parent/legal guardian(s) decides to have someone else, whose name does not appear on the Registration Form, to pick up their child(ren), the child(ren) WILL NOT BE RELEASED by the CWR Staff.

A photo ID will be required from all listed persons who are authorized to pick up the child(ren); a copy will be made and put on file with the completed Registration Form.

If an unauthorized person arrives to pick up a child(ren), the child(ren) will remain under the supervision of the CWR Staff. The CWR Staff will explain the Policy to the individual and the child(ren) WILL NOT BE RELEASED without authorization from the parent(s)/legal guardian(s) who registered the child(ren).

Authorized Person(s) for Pick-Up

Name: _____

Name: _____

Address: _____

Address: _____

D.O.B: _____

D.O.B: _____

Number: _____

Number: _____

Lunch Check-out

Parent/ Legal Guardian Signature

Date/Time

Return:

Children's Waiting Room Staff Signature

Date/Time

Waiver

I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Prince George's County, Maryland, the Court, their officers, agents, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child(ren), or to any property belonging to me or my child(ren), while participating in such activities of the CWR, while in, on or upon the premises where the activities are being conducted, **REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

Parent/ Legal Guardian Acknowledgement Agreement

I understand that a copy of the CWR Policies and Procedure Manual is available for me to review. I understand that by leaving my child(ren) that the County, CWR and its Staff will not be held liable or responsible. I further certify that the information provided on this Registration Form is true and correct and if any changes need to be made, I will contact the CWR Staff to make them aware of the changes.

I have received the CWR informational brochure _____ (initial)

I have received the CWR evacuation procedures _____ (initial)

Parent/ Legal Guardian Signature

Date

Approved By:

Children's Waiting Room Staff Signature

Date

Custody and Related Court Orders

If a custody or court order exists, a copy of the order must be given to the CWR by Courthouse Staff to be put on file before a child(ren) can be released from the CWR. The Courthouse staff and/or the Parent(s)/ Legal guardian(s) must provide accurate and up-to-date information concerning the legal guardianship of the child (ren).

If any difficulties arise, all responsible efforts will be made to ensure the safety of the child(ren) and other children with the CWR. If necessary, the Sheriff's office will be called for assistance.

Verification of Final Check-Out

I hereby certify that my child(ren) was/were picked up from the CWR. The child was found to be in good condition, with no incidents reported. (If otherwise, please fill out incident report.)

Parent/ Legal Guardian Signature

Date/ Time

Approved By:

CWR Staff Signature

Date/ Time

Returned ID Badges

Additional Comments: _____

