

Circuit Court for Prince George's County Children's Waiting Room Registration Form



The Honorable Sheila R. Tillerson Adams
Administrative Judge of the
Circuit Court for Prince George's County

Parent(s) or Legal Guardian(s) Name:

Address: (street, city, state) _____

Contact number: _____

Emergency Contact/Authorized Pick-up Person

Name:

Contact Number:

Relationship:

Name:

Contact Number:

Relationship:

Children's Information

| | | |
|---------------|---------------|---------------|
| NAME | NAME | NAME |
| AGE | AGE | AGE |
| DATE OF BIRTH | DATE OF BIRTH | DATE OF BIRTH |
| | | |
| NAME | NAME | NAME |
| AGE | AGE | AGE |
| DATE OF BIRTH | DATE OF BIRTH | DATE OF BIRTH |
| | | |

Male Female

Male Female

Male Female

Location in Courthouse and case number: _____

Medical Information

Does the child have any medical conditions that the staff should know about?

List any medication(s) that your child(ren) are currently taking. Be sure to write the child's name by the medication. **Please note: Medication will not be administered by the Children's Waiting Room staff.**

List any allergies. Be sure to write the child's name by the allergy listed below.

Snack/Drink Approval

Do you approve for the Children Waiting Room Staff to provide your child with a snack? Yes No

May the Children Waiting Room staff provide your child with a drink? Yes No

Can your child use the bathroom on his/her own without assistance? Yes No

Please note: The Children's Waiting Room only accepts children who can use the bathroom without assistance.

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, or to any property belonging to me or my child, while participating in such activities of the Children's Waiting Room, 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 Children's Waiting Room Policies and Procedure Manual is available for me to review. I understand that by leaving my child/children that the County, Children's Waiting Room and its workers/volunteers 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 Children's Waiting Room staff to make them aware of the changes.

I have received the CWR informational brochure _____ (initials)
I have received the CWR evacuation procedures _____ (initials)

Parent/Legal Guardian Signature

Date

Approved By:

Children Waiting Room staff Signature:

Date

Verification of Final Check-Out

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

Parent/Legal Guardian/Authorized Person's Signature

Date

Approved By:

Children Waiting Room staff Signature

Date

Returned ID Badges

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Additional Comments:
