



Date: _____

Valid Photo I.D. _____ reviewed by staff upon: Drop-off and Pick-up

Adult with child has been subpoenaed to the Court.

Color of wristband: _____

Temperature reading: _____

Children's Waiting Room Registration Form

CHILD'S INFORMATION:

| | | |
|--|--|-------------|
| Child 1 first and last name: | Date of birth: | Age: |
| Child 2 first and last name: | Date of birth: | Age: |
| Child 3 first and last name: | Date of birth: | Age: |
| Allergies? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list child & their allergies: | Any medical conditions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list child & their conditions: | |
| Special need / Special care instructions: | | |
| Is the child wearing any accessories? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: | | |

1st GUARDIAN'S INFORMATION (Adult dropping off child):

| | | |
|---|--------------------------------|--------------------------|
| First and last name: | Cell Phone #: | |
| Address: | City, State, Zip: | Primary language: |
| Full Name of person on court calendar: | Court Room # Case # | |
| Email: | ID/DL #: | |

2nd GUARDIAN'S INFORMATION (Adult dropping off child):

| | | |
|--|-------------------|--------|
| First and last name: | Cell Phone #: | |
| Address: | City, State, Zip: | Email: |
| Full Name of person on court calendar: | Courthouse Dept # | |

EMERGENCY CONTACT INFORMATION (Alternate for pick-up):

| | |
|----------------------|-------------------|
| First and last name: | Cell Phone #: |
| Relation: | Additional notes: |

| | | |
|----------|-----------|--------------------|
| Time in: | Time out: | Duration of visit: |
|----------|-----------|--------------------|

CWR STAFF NOTES (STAFF ONLY)

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|--|
| Visible observation or notes: <i>Specify WHAT and WHERE (Ex: Bruise on the right forearm, Wound on the left knee, etc.)</i> |
|--|

Guardian Information and Agreement

By signing below, I hereby waive and relinquish any and all claims against the Superior Court of California, County of San Francisco, and any employee, agent, or volunteer of Mission Neighborhood Centers (MNC) for any illness or injury that may have been caused in any manner and to any degree to my child(ren) during his or her stay in the Children's Waiting Room (CWR).

If the CWR staff cannot determine my whereabouts, by signing below, I authorize the CWR to notify law enforcement and release my child(ren) as designated by law enforcement into the custody of the "emergency contact" listed above, or as designated by law enforcement or Child Protective Services.

As the guardian of the listed child(ren), by signing below I hereby give consent to the Superior Court of California, County of San Francisco, MNC personnel, and emergency services personnel to provide emergency medical treatment or care necessary to preserve the life, limb, or well-being of the listed child.

While my child(ren) is in the CWR, I agree to adhere to the following procedures:

1. I understand the CWR is an unlicensed, drop-in facility and intended solely as a waiting area for my child(ren). No unauthorized adults will be permitted into the CWR. The CWR is for the children of guardians, parents, and litigants **conducting business at the Court only**.

2. I understand that the CWR staff must always be aware of my location. If I change location, I will inform the CWR staff before going to the new location. I also understand that **I am not allowed to leave the building while my child(ren) is in the CWR.**
3. I understand the CWR opens at 8:30 a.m. and closes at noon and opens again at 1pm and closes at 4:30 p.m. sharp. I understand that I am to retrieve my child(ren) no later than **5 minutes before** the room closures at noon and 4:30 p.m. If I am delayed in court or other legal proceedings, I will contact the CWR staff to advise them of my circumstances. I further understand that if I do not retrieve my child (ren) or contact the CWR staff before the room closures at **noon and 4:30 p.m.**, the appropriate authorities will be contacted.
4. I understand that lunch is not provided to children, only snacks when available. **If my child(ren) has food allergies or is on a restricted diet, it is my responsibility to check with the CWR staff to determine the appropriateness of the snack being offered.**
5. I understand that the CWR staff is concerned for the safety of all children under their supervision, and if my child(ren) poses a threat to him/herself or others, or is behaving in an inappropriate manner, I will be required to immediately retrieve my child at the request of the CWR staff.
6. I understand that as the parent/guardian dropping off my child that I am also expected to pick up my child by noon and 4:30 p.m. unless otherwise directed by the court. If I cannot be located or am unable to pick up my child(ren), the appropriate authorities will be notified and/or the “emergency contact” will be called to pick up the child, I authorize the “emergency contact” listed on the prior page to pick up my child(ren).

I have read, understand, and agree to each of the conditions set forth in this document, and agree to hold harmless Mission Neighborhood Center, Children’s Waiting Room, and the Superior Court of California, County of San Francisco, its officers, agents, and employees, from and against any and all claims, losses, liabilities, or damages, including payment of attorney’s fees, arising or resulting from the performance of this agreement.

Guardian’s signature (person dropping off child[ren]): _____

Guardian’s signature (person picking up child[ren]): _____