



Youth Room Intake Form 1

Please print clearly in block letters.

File Number _____

Date _____

Section A

1. Child's Full Name: _____ 2. Birth Date: _____
First Middle Surname (dd / mm / yy)

3. Age _____ 4. Sex _____

4. Address: _____

5. Name of School/s (if any) _____

6. Primary () Secondary () Vocational () None () 7. Standard/s/Form/s _____

8. Nickname/s: _____ 9. Nationality _____

10. Child's Full Name: _____ 11. Birth Date: _____
First Middle Surname (dd / mm / yy)

12. Age _____ 8. Sex _____

13. Address: _____

14. Name of School/s (if any) _____

15. Primary () Secondary () Vocational () None () 16. Standard/s/Form/s _____

17. Nickname/s: _____ 18. Nationality _____

Section E

1. What is the purpose of your visit to the court? _____
2. What type of matter or application do you have before the court? _____
3. Which Courtroom are you required to attend? _____

Signature of Parent/guardian

Signature of Youth Officer

For office use only

Time	Date	Initial location	New location	Staff Initials
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Information

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Name of Child/Children _____

1. Child's Physician: _____ Phone: _____

2. Is your child currently on any medications: () yes () no

a. If yes state the name of medication/s _____

b. What is the purpose of the medication _____

c. At what time(s) is the medication to be administered _____

3. Blood Type: _____

4. Medicine allergic to: _____

5. Any other Allergies: _____

6. Any special health conditions: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child/children, _____, may be given minor first aide treatment, such as, treatment of minor cuts and abrasions, in cases of asphyxiation (choking) the Heimlich maneuver and in cases of respiratory failure, C.P.R. by a staff member at Family Court Youth room. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and understand and agree that the Family Court and its employees will not be held accountable.

Parent's Signature _____ **Date:** _____

I understand this is a legally binding contract, and I have read it and understand it