

Parent's TIME-OUT, Inc.

Street Address: _____ City: _____

Cross Streets: _____ And _____

Phone Numbers: Home _____ Work _____ Work _____

Cell _____ Cell _____ Other _____

Directions to House: _____

Note: Only those adults and children listed below will be admitted into the house while you are away.

ADULTS IN HOUSEHOLD				
Last Name	First Name	MI	Relationship	Drivers License #

CHILDREN IN HOUSEHOLD					
Last Name	First Name	Nickname	Allergies	Age	Diapers or Potty Instructions

Child(ren)'s Doctors Name: _____

Office Phone No: _____

Insurance Name: _____

Policy No: _____

Primary Insured's Name: _____

SSN: _____

I, _____, the above listed child(rens) parent or guardian, authorize the person bearing this document to seek medical attention for my child(ren) as needed for their care and well-being.

Parent or Guardian Signature

Date Signed

Emergency: 9-1-1
Poison Control: _____

Police: _____
Hospital: _____

Fire: _____