



**ADA Monitored Family Visitation Services**

2500 E Imperial Hwy  
Suite #201 Mailbox # 502  
Brea, CA 92821

[www.ADAmonitoredFamilyVisitationServices.com](http://www.ADAmonitoredFamilyVisitationServices.com)  
[adamonitor@gmail.com](mailto:adamonitor@gmail.com)  
714-752-0091 alternate number 909-730-6483

**Authorization of Emergency Medical Treatment, Emergency Contact and Alternate Pick-up  
Custodial Parent Only**

I, \_\_\_\_\_ do hereby authorize ADA Monitored Family Visitation Services to obtain **Emergency Medical Treatment** for my child if necessary. I do hereby my **Authorize Emergency Contact** to be called if the Visitation Supervisor deems necessary. Emergency Contact and Alternate Pick-up Persons are expected to be familiar with the rules and procedures. ADA Monitored Family Visitation Services reserves the right to refuse to personally interact with a person or persons who are being considered as disruptive to the Visitation Program. In addition I release ADA Monitored Family Visitation Services and staff, its employees, and volunteers from all law suits and claims. Furthermore, I assume all risk for claims, which may arise from acts or omissions by the following Emergency Contact Person(s):

Child's Name	Existing Medical Conditions	Notes

**Physician's Name** \_\_\_\_\_ **Physician's Phone** \_\_\_\_\_

**Emergency Contact's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Custodial Parent \_\_\_\_\_

**Alternate Pick-up Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Custodial Parent \_\_\_\_\_

**Signature of Custodial Parent** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name \_\_\_\_\_