

Edgewood Children's Center  
**Residential Treatment Program**  
**PERMISSION FOR CONTACT**

Child 's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

The following persons have my permission and approval to act as a visiting resource for the above named child. This includes permission and approval for taking the child off Edgewood's campus for outings and to their home. The resident will be released for a visit off campus only to these persons.

In providing these names and signing this form, the parent(s)/legal guardian of the child assume full responsibility for the child while the child is the care of those approved by them. Edgewood does not obtain a police check, Child Abuse Hot-Line check, or references on those approved by the legal guardian and can not, therefore, assume responsibility for the safety, welfare, or well being of the child while in their care. This list may be modified by contacting the child's therapist at Edgewood.

All visits to Edgewood must be arranged in advance with the child's therapist at Edgewood.

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In addition to those listed on the front of this form, the following individuals have permission and approval to contact the child by phone and to visit the child on the Edgewood grounds. All visits must be arranged in advance with the child's therapist at Edgewood. This list may be modified by contacting the child's therapist at Edgewood.

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The following individuals are forbidden to have contact with the child while at Edgewood. This list may be modified by contacting the child's therapist at Edgewood.

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature Of Parent Or Legal Guardian \_\_\_\_\_ Relationship To Child \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature Of Child \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_