

Time Together Supervised Visitation & Exchange Center
Supervised Visitation & Monitored Exchange Designee and Emergency Form
(Custodial Parent Only)

Custodial Parent Name: _____ **Telephone Number:** _____

No one other than the custodial parent/guardian will be permitted to drop off or pick up the child(ren) for supervised visits and/or monitored exchange unless the custodial parent/guardian designates another person(s) by completing this form.

Designee(s): You are giving another adult(s) permission to drop off/pick up your child(ren). This is required in the event that you are unable to bring your child(ren) to the visits.

Attach a copy of a North Carolina Driver's License or Other Photo ID

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Custodial Parent/Guardian: _____

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Custodial Parent/Guardian: _____

Emergency Contact: Custodial parents/guardians must provide a person(s) should an emergency occur at our facility.

Attach a copy of a North Carolina Driver's License or Other Photo ID

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Custodial Parent/Guardian: _____

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Custodial Parent/Guardian: _____

Designees and emergency contact persons are expected to be familiar with Time Together guidelines and procedures. Time Together reserves the right to refuse to work with anyone who is disruptive to the program.

I authorize my designee to drop off/pick up my child(ren). I authorize my emergency contact to be called if the Time Together staff considers it necessary. In return for my use of the services of Time Together, I release Time Together (and its employees and volunteers) from all claims and I assume all risk for claims which may arise as a result of acts or omissions by my designee or emergency contact persons.

Signature of Custodial Parent/Guardian

Date

Signature of Time Together Staff

Date