

**Time Together Supervised Visitation & Exchange Center  
Supervised Visitation & Monitored Exchange Emergency Form  
(Visiting Parent Only)**

Visiting Parent Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Emergency Contact:**

Visiting 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 Visiting Parent: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Visiting Parent: \_\_\_\_\_

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 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 emergency contact persons.

\_\_\_\_\_  
Signature of Visiting Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Time Together Staff

\_\_\_\_\_  
Date