



Houston Area Respite Center
6856 Bellaire Blvd., Houston, TX 77074 713-271-6001 harc@harc-hou.org

Person Records for Minors

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____, TX Zip: _____

Home Phone: (____) ____ - _____ E-mail: _____

Date of Birth: _____ School: _____

Special Needs:

Parent/Guardian: _____

Mother Home: (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____

Father Home: (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____

1st Emergency Contact Name: _____ Relationship: _____

Contact Number (____) ____ - _____

2nd Emergency Contact Name: _____ Relationship: _____

Contact Number (____) ____ - _____

HARC has my permission to use photographs and video of my child or me for publicity purposes such as brochures, website, or video broadcasts Yes _____ No _____

Signature: _____ Date: _____