



Crisis Nursery of Greater Rochester

Discharge Form

Date of Discharge _____ Date of Intake _____

Name _____ Female Male Date of Birth _____

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Person assuming custody/responsibility of child _____

Relationship to children _____

Address _____

Phone Number _____ Cell Phone _____

If not admitting person, type of Identification Produced _____

Custodial paperwork Yes No **Maintain copy for file**

If foster care placement, Reason? _____

Incident reports explained to caregiver? Yes No None written

Items provided on discharge Medication Personal Clothing CNGR Clothing

Diaper Bag CNGR Blanket CNGR Beanie Other list:

Was Survey provided? Yes No

Signature of parent/guardian person assuming legal responsibility: _____ Date _____

Signature of Witness _____ Date _____