

www.hsdc.org

CLIENT ENROLLMENT & EMERGENCY CONTACT FORM

This contract is to <i>(check one)</i> (Enroll 单 Re	enew Enrollment for HS	DC services to	or:	
Client's Name		Date of Bir	th		
Parent/Guardian Names				Other Langu	lage(s):
	🗯 Deaf 🗯	Hearing 🗯 Hard o	of Hearing		
	🗯 Deaf 🗯	Hearing 🗯 Hard o	of Hearing		
EMERGENCY CONTACT PERSO	NS				
Primary Contact: person who will b		achable in the event of	an emergen	су.	
Name		Relation to C	Client		
🗯 Deaf 🗯 Hearing 🗯 Ha	rd of Hearing 🛛 🗯	Other Language(s)			
Home Phone		(please check)	🔹 Voice	🗯 TTY	Videophone
Work Phone		(please check)	🔹 Voice	🗯 TTY	Videophone
Cell Phone		(please check)	🔹 Voice	🗯 Text	
Home Address			Email Add	ress	
Sacandary Contact, parson we sho	uld the payt in the a	ant of an amargancy			
Secondary Contact: person we sho	-		`lient		
Name		Relation to C			
Name Deaf	rd of Hearing	Relation to C Other Language(s)			
Name Deaf & Hearing & Ha Home Phone	rd of Hearing 🛛 🗳	Content Content Content Content Conten	É Voice	É TTY	ć Videophone
Name	rd of Hearing 🗳	Content Content Content Content Content Content Content Content Content Content Content Content Content Conten	VoiceVoice	TTYTTY	
Name Deaf Hearing Ha Home Phone Work Phone Cell Phone	rd of Hearing 🗳	Relation to C Other Language(s) (please check) (please check) (please check)	VoiceVoiceVoice	TTYTTYTTY	VideophoneVideophone
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provided?

PHOTO/PUBLICATIONS RELEASE (OPTIONAL)

I give HSDC or its legal representatives the absolute right and permission to include my child's name in articles, and to copyright and/or publish photographic portraits, pictures, or video of my child, and to use my child's photo in conjunction with a fictitious name for art, health, education, marketing, or any other lawful purpose. I waive my right to inspect and/or approve the finished product or the use to which it may be applied. I release, discharge, and agree to hold harmless HSDC or its legal representatives from any liability by virtue of any blurring, alteration, optical illusion, or use in composite form whether intention or otherwise, that may occur or be produced in the taking of said pictures or any processing tending towards the completion of the product.

Client/Parent/Guardian Name Client/Parent/Guardian Signature



Artz Communication Center 1625 19th Ave Seattle, WA 98122 Audiology: 206.323.5770 Speech: 206.388.1300 www.hsdc.org

HSDC is a teaching facility. Students may observe, participate in, or administer treatment plans developed by your licensed clinician. If you have concerns, please consult the director.

HSDC staff are mandated reporters and are required to report suspected abuse or neglect of minors in accordance with RCW 26.44.030.