



# Child Form

Complete a separate form for each child in your household. Keep this form in a safe place so the individuals designated to care for your child in your absence have all of the information they need.

CHILD'S INFORMATION	
<b>Child's Name</b>	
Date of Birth	
Child's Cell Phone Number	
Primary Language	
EDUCATION	
<b>School Name</b>	
School Address	
School Phone Number	
<b>Trusted School Staff Name</b>	
Trusted School Staff Phone Number	
Trusted School Staff Email	
<b>Grade and Classroom Number</b>	
Does the child have an Individualized Education Plan (IEP)?	
<b>School Schedule</b>	
Mode of Transportation (How do they arrive to school)	
Before and/or Afterschool Program/Schedule	

## MEDICAL

**Medical Conditions**

**Allergies**

Medication Name, Dosage, and  
Schedule

**Clinic and Doctor's Name**

Doctor's Phone Number

Clinic and Doctor's Address

**Health Insurance Information**

## SOCIAL SERVICES

**Organization/Program Name**

Case Worker Name

Case Worker Phone

Case Worker Email

## MENTAL HEALTH

**Organization/Program Name**

Therapist Name

Therapist Phone Number

Therapist Email

## OTHER

**Favorite Toy**

**Favorite Food**

**Include any other important information.**