

MEDICAL INFORMATION SHEET FOR

name of child _____

use back of page for additional space for answers

Name of Doctor or Medical Practice _____

Address & Telephone Number _____

Health Insurance Information _____

Date of Last Physical Exam _____

Name of Medications taken by Child _____

Reason for the Medication _____

Dose & Frequency _____

Allergies to Food or Medication, Seasonal Allergies _____

Frequent Illness or Medical Conditions of Child, such as ear infections, allergies, etc. and treatment _____

Name of Dentist or Dental Practice _____

Address and Phone Number _____

Date of Last Dental Exam _____

Ongoing Dental Treatment _____

Name of Eye Doctor or Practice, if any _____

Wears glasses? Yes/ No _____

SCHOOL, ACTIVITY, AND CHURCH INFORMATION SHEET FOR

name of child _____

[Make sure that designated caretaker and emergency contact are on the list of people authorized to pick up your children from school or other activities.]

use back of page for additional space for answers

School

Name, Address, and Phone Number of School _____

Grade and Name of Teacher (younger children) or Guidance Counsel (older children) _____

Special Educational or Language Services, if any _____

If your child has an Individualized Educational Plan (IEP), attach a copy to this form.

Medications Child Receives at School, if any _____

Frequency of medication _____

Activities

After-School and Weekend Activities: Activity, Time, Place, Phone Numbers Teachers (e.g., music, sports, etc.)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Church

Name, Address, and Phone Number of Church attended, if any _____

Religious School and Religious Activities, Days, Times, Locations, Instructors _____

HELPFUL THINGS TO KNOW ABOUT

_____ child's name

use back of page for additional space for answers

Favorite Foods _____

Disliked Foods and Any Food Allergies _____

Bedtime and Bedtime Routines _____

Favorite Toys, Books, Games, and Activities _____

TV Shows, Movies, and Computer Games, and How Much Time, Allowed _____

Names of Close Friends, their Parents, and Contact Information _____

Curfew (for Older Children) _____

Driving Restrictions (for Older Children with License) _____

Other Restrictions (for Older Children, such as, where allowed to go, who they can go out with, whose car they can be a passenger in, sleepovers, etc.) _____

NAMES, ADDRESS, PHONES NUMBERS OF FAMILY, FRIENDS, and NEIGHBORS FOR

_____ name of child

use back of page for additional space for answers

Adult Sisters and Brothers _____

Grandparents _____

Godparents _____

Aunts and Uncles _____

Cousins _____

Family Friends _____

Emergency Contact Sheet for Designated Caretaker

Dear _____,

Please keep this sheet with you at all times.

If you learn that I have been taken into custody, please get my children right away. If they are not at home or school, they may be

If my children cannot be located, contact the _____
(name and phone number of the local child welfare agency). Tell them the names of my children, their birth dates, and your name and phone number or other persons who may be able to care for my children.

Full Name, Date of Birth, and Name, Phone Number, and Address
of School or Daycare _____

Full Name, Date of Birth, and Name, Phone Number, and Address
of School or Daycare _____

Full Name, Date of Birth, and Name, Phone Number, and Address
of School or Daycare _____

Full Name, Date of Birth, and Name, Phone Number, and Address
of School or Daycare _____

Full Name, Date of Birth, and Name, Phone Number, and Address
of School or Daycare _____

Name and Phone Number of Others to Contact _____

Emergency Contact Sheet for People other than Designated Caretaker

Dear _____,

Please keep this sheet with you at all times.

If you learn that I have been taken into custody, call my designated caretaker _____(name)_____(phone number) immediately to let them know I have been taken into custody right away.

If you cannot reach my designated caretaker, please get my children right away. If they are not at home or school, they may be _____
_____.

If my children cannot be located, contact the _____
(name and phone number of the local child welfare agency). Tell them the names of my children, their birth dates, and your name and phone number or other persons who may be able to care for my children.

Also please contact these other people who might be able to help (names and phone numbers)_____

Full Name, Date of Birth, and Name, Address, and Phone Number of School or Daycare

Full Name, Date of Birth, Name, Address, and Phone Number of School or Daycare

Full Name, Date of Birth, Name, Address, and Phone Number of School or Daycare

Full Name, Date of Birth, Name, Address and Phone Number of School or Daycare

