



CONFIDENTIAL CHILD INFORMATION FORM

Name of Child _____ Sex _____
Last First Middle

Name Child Prefers _____ Birthdate _____ Age _____

Parent/Guardian #1

Parent/Guardian #2

Name _____ Name _____

Social security # _____ Social security# _____

Date of Birth _____ Date of Birth _____

Home Address _____ Home Address _____

Phone _____ Phone _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Work Schedule _____ Work Schedule _____

Parent's Marital Status _____ Does the child reside with someone other
than parent or guardian? _____ If so, whom?

Phone number _____

Address _____

Persons other than parents/guardians to contact in case of emergency:

Name _____ Relationship _____ Phone Number _____

Individuals authorized to pick up child:

Name _____

Name _____

Name _____

Name _____

MEDICAL BACKGROUND HISTORY

Pediatrician _____ Phone Number _____

1. Does your child have any history of medical problems, serious illness or accidents? If yes, please describe: _____

2. Is your child currently under the care of a physician for the above named condition or any other reason? If so, please explain: _____
