

Kids deserve the best.

Family and health coverage information

Child's name: _____ **Nickname:** _____

Address: _____

Birth date: _____

Main problem / Diagnosis: _____

Legal guardian:

 Mother Father Other:

Name: _____

Address: _____

Phone: _____

Family members

Mother's name: _____

Address: _____

Email: _____

Phone 1: _____ Phone 2: _____

Father's name: _____

Address: _____

Email: _____

Phone 1: _____ Phone 2: _____

Siblings

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other household member: _____

Phone 1: _____ Phone 2: _____

Important family information

Main language at home: _____**Interpreter's name:** _____

Daytime phone: _____ Evening phone: _____

Other important family information: _____

Emergency contact

Name: _____
Phone 1: _____ Phone 2: _____

School

Name: _____ Grade: _____
Key contact name: _____
Address: _____
Phone 1: _____ Phone 2: _____

Child care provider

Name: _____
Key contact name: _____
Address: _____
Phone 1: _____ Phone 2: _____
Days/Hours: _____

Insurance Information

Primary Insurance Name: _____
Policy Number: _____ Group Number: _____
Contact Person / Title: _____
Address: _____
Phone: _____ Fax: _____
Insurance Case Manager: _____

Other Insurance Name:

Policy Number: _____ Group Number: _____
Contact Person / Title: _____
Address: _____
Phone: _____ Fax: _____
Insurance Case Manager: _____