

PEDIATRIC INFORMATION SHEET

Name of Child: _____ Date: _____
Date of Birth: _____ Sex: Female Male
School: _____ Grade: _____
Child's Home Address: _____
City, State, Zip: _____
Phone: _____

Responsible Party (Parent(s) or Legal Guardian)
Name: _____ Relationship: _____

Mother Stepmother Legal Guardian
Name: _____
Address: _____ City, State, Zip: _____
Employer: _____ Occupation: _____
Phone: Home _____ Work: _____ Cell: _____

Father Stepfather Legal Guardian
Name: _____
Address: _____ City, State, Zip: _____
Employer: _____ Occupation: _____
Phone: Home _____ Work: _____ Cell: _____

Parents are: Married Living Together Separated Divorced Other
Who is responsible for making/canceling child's visits? _____
Best way to contact _____ Best time of day _____