

Child's Information Sheet

Child's Name: _____ D.O.B.: _____

Placement Information

Placing Worker: _____ Placement Date: _____

Placing Agency: _____ Placement Time: _____

Reason for Placement: _____

Case Being Transferred to Whom: _____ Phone: _____

Emergency/After Hour Number: _____

Family Information

Parent's Name(s): _____

Family Background: _____

Previous Agency Involvement: _____

Visitation Information

Visitation Plan (location, dates, visiting parties, etc.): _____

Medical Information

Child's Doctor: _____ Phone Number: _____

Allergies: _____

Current Health Issues: _____

Treatment for Issues: _____

Current Medications & Dosage Info: _____

Medical Coverage: _____ Card#: _____

Educational Information

Child's School: _____ Grade/Teacher: _____

School Address: _____

Educational Challenges: _____

School Activities/Clubs: _____

Eating Habits

Formula Type & Amount: _____

Vitamins: _____

Food Allergies: _____

General Eating Habits: _____

Behavioral Information

Known Characteristics/ Personality/ Etc.: _____

Therapist: _____