

Dependent Information

Compile information about your school age children and/or other dependents. It will help provide future caregivers with information to help make informed decisions. Designate 'Emergency Contacts' as those who should be contacted in an emergency situation if a parent is unavailable.

Dependent #1

Name		
Birth Date		
Place of Birth (hospital, city)		
Location of Certificate		
Social Security Number, Card Loc.		
School Attending		
Address		
Grade		
Homeroom	Teacher	
	Phone	

Health Insurance

Name of Company	
Street Address	
City, State, zip	
Phone	
Policy Number	
Email	

Primary Care Physician

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

Medical Conditions

Blood Type	
Allergies	
Prescription drugs	

Item

Document Location

<p>Personal Medical History (List all immunizations, boosters, diseases, etc.)</p>	
<p>Correspondence (accounts statements, receipts, letters/faxes, health related travel expenses)</p>	
<p>Medical Records (lab test results, dental, treatment plans, eye care, etc.)</p>	

Pharmacy

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

Dependent #2

Name		
Birth Date		
Place of Birth (hospital, city)		
Location of Certificate		
Social Security Number, Card Loc.		
School Attending		
Address		
Grade		
Homeroom	Teacher	
	Phone	

Health Insurance

Name of Company	
Street Address	
City, State, zip	
Phone	
Policy Number	
Email	

Primary Care Physician

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

Medical Conditions

Blood Type	
Allergies	
Prescription drugs	

Item**Location**

Personal Medical History (List all immunizations, boosters, diseases, etc.)	
Correspondence (accounts statements, receipts, letters/faxes, health related travel expenses)	
Medical Records (lab test results, dental, treatment plans, eye care, etc.)	

Pharmacy

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

General Information for Dependent(s)**Individual Authorized to pick up from school**

Name	
Relationship	
Street Address	
City, State, zip	
Phone	
Email	

Individual Authorized to pick up from school

Name	
Relationship	
Street Address	
City, State, zip	
Phone	
Email	

Childcare Center (current)

Name of Provider	
Contact Name	
Street Address	
City, State, zip	
Phone	
Email	

Childcare Center (previous)

Name of Provider	
Contact Name	
Street Address	
City, State, zip	
Phone	
Email	

Emergency Contact #1

Name	
Relationship	
Street Address	
City, State, zip	
Phone	
Email	

Emergency Contact #2

Name	
Relationship	
Street Address	
City, State, zip	
Phone	
Email	

Emergency Contact #3

Name	
Relationship	
Street Address	
City, State, zip	
Phone	
Email	