

Child Contact Info



My Kids

I am the biological parent or legal guardian of the following child(ren) age 18 and under:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents and Guardians

These are the biological parents or legal guardians of the child(ren) listed above:

Name	Date of Birth	
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> N/A

Best Contact Numbers

These are the **best** phone numbers for contacting the biological parents or legal guardians of the child(ren) listed above:

Parent/Guardian Name	Phone Number	
1 st _____	_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
2 nd _____	_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
3 rd _____	_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____

Other Caregivers

These are the other adults – such as step-parents, grandparents and babysitters – that I authorize to bring my child(ren) to doctor visits for medical care. This authorization will remain in effect until terminated by me in writing. I acknowledge that only a biological parent or legal guardian may obtain or release medical records for a minor child.

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____ Today's Date: _____