

**CHILD CONTACT NUMBERS**

**Child's Name:** \_\_\_\_\_

**Social Worker:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Mental Health Worker:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**School:**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Doctor**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Legal Status of Child:** \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

**Child's Medical Number:** \_\_\_\_\_

Description of the child's medical issues, allergies, and a list of required medications the child is taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL DESCRIPTION OF THE CHILD**

**Age:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_

**PICTURE OF THE CHILD**

**DATE:** \_\_\_\_\_

**OTHER IMPORTANT PHONE NUMBERS**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**CHILD'S ROUTINE:**

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**CHILD'S LIKES & DISLIKES:**

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**CHILD'S FEARS:**

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**SAFETY PLAN:**

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**DATE:** \_\_\_\_\_