

**CHILD CONTACT INFORMATION**

Name of client: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Leave a message  Yes  No

Text Message  Yes  No

Current Pediatrician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Any medical alerts: \_\_\_\_\_