

Family Profile Form Annual Update

GENERAL INFORMATION

Child's Name _____ Hebrew Name _____
Last First Nickname

Date of Birth ____/____/____ Phone (____) _____

Address _____
Street City Zip

Email _____

Mother/Guardian's Name _____
Last First

Mother/Guardian's Occupation _____ Company _____

Company Address _____
Street City Zip

Father/Guardian's Name _____
Last First

Father/Guardian's Occupation _____ Company _____

Company Address _____
Street City Zip

Please list your child's medications and when they are administered.

Medication	When Administered

Please list your child's allergies (medications, food, latex), and their symptoms (breathing problems, runny nose, watery eyes).

Allergy	Symptom

Please list any other health issues: _____

Please list three people whom you authorize to pick up your child from school.

Name	Phone Number	Relationship to Child

Have there been any recent family changes (if yes, please check and list date):

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Moves _____
Job Changes _____
New Hours _____
New Baby _____
Serious Illness _____
Operation _____
Injury _____
Parent Attending School _____

Change in caregiver _____
Death in Family _____
Loss of Pet _____
Other Loss _____
Hospitalization _____
Accident _____
Other _____

What was child told about family changes? _____

How did he/she react? _____

EMERGENCY CONTACT INFORMATION

Mother/Guardian's Work Phone (_____) _____ Cell Phone (_____) _____

Father/Guardian's Work Phone (_____) _____ Cell Phone (_____) _____

Whom should we contact in case of emergency when neither parent/guardian is available?

1. Name _____ Phone (_____) _____

Relationship to child _____ What does the child call this person? _____

2. Name _____ Phone (_____) _____

Relationship to child _____ What does the child call this person? _____

In case of emergency when neither parent/guardian is available, I authorize the Gan Shalom staff to contact:

Dr.'s Name _____ Phone (_____) _____

Address _____
Street City Zip

Parental Signature _____ Date _____

In case of accident, injury on the premises, or medical emergency, I authorize the Gan Shalom staff to call 911 in order to obtain emergency medical treatment for my child, including hospitalization, if necessary.

Parental Signature _____ Date _____

OTHER

What are your goals for your child this year? _____

Is there any other information you would like to provide? _____

Are there any other professionals/agencies working with your child/family? Collaboration is necessary for successful service for your child. Please list professionals/agencies names and numbers for us to collaborate with them.

