

Family Profile Form Annual Update

GENERAL INFORMATION

Child's Name _____ Hebrew Name _____
Last First Nickname

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

Address _____
Street City Zip

Email _____

Parent #1 Name _____
Last First

Occupation _____ Company _____

Company Address _____
Street City Zip

Parent #2 Name _____
Last First

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

Family Profile Form Annual Update

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

- 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

Parent #1 Work Phone (_____) _____ Cell Phone (_____) _____

Parent #2 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.
