

Subject Child(ren) Information

Case Number: _____

Make additional copies as necessary – Attach additional copies to back of packet

Child

Legal name of child (as on birth certificate): _____

Name child is known by: _____ Date of birth: _____

Place of birth: _____ Current age: _____ Sex: _____

Name of child's doctor: _____ Telephone: _____

Current health problems: _____

Date of last examination: _____ Is child in counseling? _____

Counselor's name: _____ Telephone: _____

Name of school: _____ Address: _____

Grade: _____ Teacher's name: _____

Are there special educational needs? Yes No If yes, please explain: _____

Is the child subject to any legal custody orders? Yes No If yes, please explain: _____

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