

# Family Information

❖ Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood type: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

❖ Language Spoken at Home: \_\_\_\_\_

Other language(s): \_\_\_\_\_

Interpreter needed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Interpreter: \_\_\_\_\_ Phone: \_\_\_\_\_

## Family Members

❖ Mother's Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

❖ Father's Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

❖ Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_

❖ Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_

❖ Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_

❖ Other household members: \_\_\_\_\_

❖ Important family information: \_\_\_\_\_

## Emergency Contact

❖ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Maryland Care Notebook

(Adapted from the Care Notebook with permission, Children's Hospital and Regional Medical Center, Seattle, WA, 2003.)  
Maryland Department of Health and Mental Hygiene, c. 2007