



TASID

CHILD'S RECORD				GENERAL INFORMATION	
CHILD'S NAME		SEX	DATE OF BIRTH		
ADDRESS		PHONE			
E-MAIL					
NAME FATHER/GUARDIAN		USUAL SOURCE OF HEALTH AND EMERGENCY CARE <i>(Name, address and phone no.)</i>			
NAME MOTHER/GUARDIAN					
CHILD'S NICKNAME, IF ANY					
NATIONALITY FATHER/GUARDIAN					
NATIONALITY MOTHER/GUARDIAN					
COMPANY'S NAME					
		HOSPITAL			
		OTHER			
		DENTIST			
		IN CASE OF EMERGENCY NOTIFY			
CHILD IS USUALLY CARED FOR DURING THE DAY BY:		1.			
NAME	RELATIONSHIP	RELATIONSHIP	PHONE	OR	
PHONE					
LANGUAGE USUALLY SPOKEN AT HOME <i>(if more than one, place "1" by primary language)</i>		2.			
		RELATIONSHIP	PHONE	OR	
		3.			
		RELATIONSHIP	PHONE	OR	
DIETARY NEEDS					
SPECIAL NEEDS					
HOUSEHOLD INFORMATION	DATE OF BIRTH	LIVES WITH CHILD		SEX	FAMILY HISTORY
		YES	NO		
FATHER					
MOTHER					
BROTHERS & SISTERS (oldest first)					
1.					
2.					
3.					
4.					
OTHER (specify relationship)					
1.					
2.					
3.					