

# Personal Information

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## Child/Youth

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Health card number: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

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## Mother

Name: \_\_\_\_\_  
Address (if different from child's): \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

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## Father

Name: \_\_\_\_\_  
Address (if different from child's): \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

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## Siblings

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Legal Guardian – if different than parents:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

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Language spoken at home: \_\_\_\_\_  
Interpreter needed?  Yes  No

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Family Physician/Pediatrician

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_

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Dentist:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_

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Emergency Contact:

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

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This form was last revised on:     
Day Month Year

