

Alternate Care Giver Identification Form

Dear Parent or caregiver,

In the event you are ill and unable to care for your child, please provide information about your child and who you would like to care for them in your absence. This should be someone you trust to provide for their basic needs and emotional health. Please choose someone who would have the space and the means to invite your child into their home and provide you with regular updates about your child. Keep in mind that your child will have been exposed to COVID-19 and will likely need isolation.

***Please provide a separate form for each child. Indicate N/A in any area that does not apply.**

Parent/Caregiver Name: _____ Date form completed: _____

Child's Full Name: _____ Date of Birth: _____

Allergies: _____

Medical Condition(s): _____

Current Medication(s) (Name/type, Dose): _____

Name of Primary Care Physician: _____ Phone: _____

Name of Alternate Caregiver (s): _____ Age: _____

Relation to child: _____ Phone contact(s): _____

Address: _____

Name of Alternate Caregiver (s): _____ Age: _____

Relation to child: _____ Phone contact(s): _____

Address: _____

Child's Food Preferences: _____

Child's Schedule (Bedtime, Meal, etc.): _____

Description of Child (personality, needs, behavioral issues, history of violence or misbehavior): _____

School attended: _____ Teacher Name/Grade: _____

Friends of Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Information you would like to share about your child or the potential caregiver(s): _____

This form was translated to me in my native language of _____ by _____.

NAME / TITLE

***Attach a medical release and any insurance cards to this form**