

# Parent/Guardian Contact Information

Child(ren) Name(s): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child (Circle One): Biological Mom/Dad, 2nd Mom/Dad, Step Mom/Dad, Adoptive Mom/Dad, Legal Guardian, Other(specify): \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Alternate Phone number: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

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

Billing address (if different): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child (Circle One): Biological Mom/Dad, 2nd Mom/Dad, Step Mom/Dad, Adoptive Mom/Dad, Legal Guardian, Other(specify): \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Alternate Phone number: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

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

Billing address (if different): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child (Circle One): Biological Mom/Dad, 2nd Mom/Dad, Step Mom/Dad, Adoptive Mom/Dad, Legal Guardian, Other(specify): \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Alternate Phone number: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

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

Billing address (if different): \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Privacy

Initial all that apply:

\_\_\_\_\_ OK to leave voice messages; appointment reminders, non-urgent messages/lab results

\_\_\_\_\_ OK to send email reminders

\_\_\_\_\_ OK to send text reminders

\_\_\_\_\_ Person to person contact only

\_\_\_\_\_ Other Restriction: \_\_\_\_\_