



Carolina's HealthCare System

Piedmont Pediatrics Family Information Form

Today's Date: _____

One form may be used for the entire family, provided that the responsible party is the same for each child.

CHILDREN'S NAMES

LAST	FIRST	MIDDLE	GENDER	DATE OF BIRTH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDRESS: _____ HOME PHONE: _____ CELL: _____
EMAIL ADDRESS: _____

FATHER'S/GUARDIAN'S NAME: _____ DOB: _____

ADDRESS IF DIFFERENT: _____ CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMPLOYER: _____ WORK PHONE: _____

MOTHER'S/GUARDIAN'S NAME: _____ DOB: _____

ADDRESS IF DIFFERENT: _____ CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMPLOYER: _____ WORK PHONE: _____

If divorced or separated, list custodial parent/legal guardian: _____

Who may we contact in case of an emergency: _____ Phone Number: _____

Are there any court or any other legal documents that we should have on file? If so, please provide us with copies of these documents.

If I cannot come with my child, I agree that _____ and/or _____
(Name & Relationship) (Name & Relationship)

may give permission for any treatment. If my child comes with anyone other than myself or the persons listed above, I agree to send a written note with them, with my signature giving permission for treatment.

** Child must be 18 years of age to be treated without a parent/guardian present or pick up a prescription**

Parent Signature _____ Responsible Party Signature _____ Date _____ Initials _____