

## IMPORTANT INFORMATION LIST FOR CAREGIVER

### MY CHILDREN ARE:

1. NAME \_\_\_\_\_ DOB \_\_\_\_\_
2. NAME \_\_\_\_\_ DOB \_\_\_\_\_
3. NAME \_\_\_\_\_ DOB \_\_\_\_\_
4. NAME \_\_\_\_\_ DOB \_\_\_\_\_
5. NAME \_\_\_\_\_ DOB \_\_\_\_\_
6. NAME \_\_\_\_\_ DOB \_\_\_\_\_
7. NAME \_\_\_\_\_ DOB \_\_\_\_\_
8. NAME \_\_\_\_\_ DOB \_\_\_\_\_

### INSURANCE INFORMATION:

Insurance company/Badgercare: ID #'s for each child:

1. NAME \_\_\_\_\_ ID# \_\_\_\_\_
2. NAME \_\_\_\_\_ ID# \_\_\_\_\_
3. NAME \_\_\_\_\_ ID# \_\_\_\_\_
4. NAME \_\_\_\_\_ ID# \_\_\_\_\_
5. NAME \_\_\_\_\_ ID# \_\_\_\_\_
6. NAME \_\_\_\_\_ ID# \_\_\_\_\_
7. NAME \_\_\_\_\_ ID# \_\_\_\_\_
8. NAME \_\_\_\_\_ ID# \_\_\_\_\_

### DOCTOR INFORMATION:

Pediatrician name: \_\_\_\_\_ Clinic Location: \_\_\_\_\_

MyChart or other online username: \_\_\_\_\_ MyChart/online password: \_\_\_\_\_

Allergies, special medical needs, specialist's name/phone/location: \_\_\_\_\_

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**DENTIST INFORMATION:**

Dentist name: \_\_\_\_\_ Clinic Location: \_\_\_\_\_

**OPTOMETRIST INFORMATION:**

Optometrist name: \_\_\_\_\_ Clinic Location: \_\_\_\_\_

**MEDICATIONS:**

**NAME:** \_\_\_\_\_ Medication name: \_\_\_\_\_

Dose/frequency: \_\_\_\_\_ Pharmacy location: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Medication name: \_\_\_\_\_

Dose/frequency: \_\_\_\_\_ Pharmacy location: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Medication name: \_\_\_\_\_

Dose/frequency: \_\_\_\_\_ Pharmacy location: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Medication name: \_\_\_\_\_

Dose/frequency: \_\_\_\_\_ Pharmacy location: \_\_\_\_\_

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Dose/frequency: \_\_\_\_\_ Pharmacy location: \_\_\_\_\_

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**NAME:** \_\_\_\_\_ Medication name: \_\_\_\_\_

Dose/frequency: \_\_\_\_\_ Pharmacy location: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Medication name: \_\_\_\_\_

Dose/frequency: \_\_\_\_\_ Pharmacy location: \_\_\_\_\_

**SCHOOL INFORMATION:**

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_ School name \_\_\_\_\_

School location: \_\_\_\_\_ School phone #: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Medications taken at school; special education services, extracurriculars \_\_\_\_\_  
\_\_\_\_\_

**HELPFUL THINGS TO KNOW:**

Favorite Foods: \_\_\_\_\_

Bedtime: \_\_\_\_\_

Favorite Toys, Books, Activities: \_\_\_\_\_

Restrictions, like Screen Time, House Rules, or Curfew: \_\_\_\_\_

Name, Address, and Phone Number of Church: \_\_\_\_\_

Church Activities: \_\_\_\_\_

Other Community Activities or Extracurriculars: \_\_\_\_\_

**EMERGENCY CONTACT LIST:**

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

Information/help this person can provide: \_\_\_\_\_

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

Information/help this person can provide: \_\_\_\_\_

**EMERGENCY FOLDER LOCATION:**

Folders containing important documents for each of my children can be found here:

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This person has information about how to access money I have set aside for my children:

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**SAMPLE LETTERS:**

**SAMPLE LETTER #1: for the person to whom you delegated parental authority in case you are detained or unavailable.**

Dear \_\_\_\_\_,

Please keep this sheet with you somewhere you can find it immediately. If you learn that I have been detained, please get my children right away. If you cannot locate my children, contact the \_\_\_\_\_ County Social Services office at \_\_\_\_\_. Tell them the names of my children, your name and phone number, and that you have a Delegation of Parental Authority signed by their parent. Thank you.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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**SAMPLE LETTER #2: for a friend or relative to contact the person to whom you delegated parental authority in case you are detained or unavailable.**

Dear \_\_\_\_\_,

Please keep this sheet with you somewhere you can find it immediately. If you learn that I have been detained, please call \_\_\_\_\_, whose phone number is \_\_\_\_\_, as soon as possible. She/he is the designated caretaker for my children. If my children have been taken into custody, tell him/her to contact the \_\_\_\_\_ County Social Services office at \_\_\_\_\_. Tell them the names of my children, his/her name and phone number, and that he/she has a Delegation of Parental Authority signed by parent. Thank you.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_