

Demographic Information
Minor Child in Foster Care
Essex Pediatrics

We must retain a copy of documentation of temporary guardianship/custody

Patients Full Name: _____

Patients Date of Birth: _____

Foster Parent's Name: _____

Foster Parent's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Foster Parent's Email: _____

Date Foster Care Began: _____ **Expected Length of Care:** _____

Name of Case Worker: _____

Case Worker's Phone Number: _____

Emergency Contact's Name: _____

Emergency Contact's Number: _____

List any known allergies: _____

In order to keep accurate records, we request the Foster Parent inform us when the Foster Child is no longer in their care.