Caregiver Template: Child and Youth Information

Created in Partnership
South Vancouver Island Retention Committee

Information to be filled out by the caregiver.		
First:	Middle:	Last:
Date of Birth: *(MM/DD/YYYY)*	Band/Culture/Identity/Religion:	Legal Status:
Child's Medical Number:	Name as it appears on MSP Card:	
Doctor:	Phone:	Address:
Dentist:	Phone:	Address:
Optometrist:	Phone:	Address:
Counselor:	Phone:	Address:
Other:	Phone:	Address:

Please provide details of all allergies, medications and treatments: (Clinical Diagnoses, Health and Disability related needs)

☐ **Anaphylaxis**

Please provide details of family contact:

Name:____________________ **Relationship:** ________________ **Phone:** ______________

Details: ____

Name:____________________ **Relationship:** ________________ **Phone:** ______________

Details: ____

Name:____________________ **Relationship:** ________________ **Phone:** ______________

Details: ____

Name:____________________ **Relationship:** ________________ **Phone:** ______________

Details: ____

Name:____________________ **Relationship:** ________________ **Phone:** ______________

Details: ____

Please list important people in the child's life: ***(People to stay in contact with)***

Name: ____________________ **Phone:** ______________ **Relationship:** ______________

Name:____________________ **Phone:** ______________ **Relationship:** ______________

Name: ____________________ **Phone:** ______________ **Relationship:** ______________

Name:____________________ **Phone:** ______________ **Relationship:** ______________

Name: ____________________ **Phone:** ______________ **Relationship:** ______________

Please provide details of the child's Cultural Plan and any related contact information: e.g. (band, religion, family traditions, identity, foods)
Please provide details of Ministry history: (Child Welfare, Child and Youth with Special Needs, Youth Probation, Child and Youth Mental Health)
Please provide details of school/community supports:

Teacher:	**Grade:**	**School Counselor:**
School:	**Phone:**	**Address:**

Please provide details of daily routines activities and appointments: ***(Include any contact information if applicable)***
Behaviour / Risks:

Please provide details of any strategies or interventions:
Please list interests/strengths and likes:
Please list challenges /dislikes:
Please list any favorite: ***(Food, toys, comfort items, activities, etc.)***
Life Books and Life Box – up to date, and viewed by Social Worker? ☐ **Yes** ☐ **No, but will be updated by - Date: _____**
Does the child or youth have a written Care Plan (also referred to as Plan of Care)? ☐ **Yes** ☐ **No**

Notes:

Resource Social Worker: _____ **Contact Number:** _____

Email: _____

Resource Social Worker Signature: _____ **Date:** _____

Guardianship Social Worker: _____ **Contact Number:** _____

Guardianship Social Worker Signature: _____ **Date:** _____

Caregiver's Name: _____ **Contact Number:** _____

Email: _____

Caregiver Signature: _____ **Date:** _____