ILLNESSES / ACCIDENTS AND FOLLOW-UP CARE
Dates and Descriptions

SCHOOL INFORMATION
School Names, Grades Attended and Dates

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence
DCF-F-CFS0103 (R. 4/2010)

CHILD'S PERSONAL RECORD

Use of Form: Use of this form is voluntary. Personal information you provide may be used for secondary purposes [Privacy Law, s 15.04 (1)(m), Wisconsin Statutes].

Instructions: Pages 1 and 2 are to be completed by the placing agency and given to the foster parents or group home caretakers at the time of the child's placement. Pages 3 and 4 are to be completed and maintained by the foster parents or group home caretakers during the time the child is in their care. Foster parents or group home caretakers should update the immunization record on page 2 when changes occur.

Name – Child		
Nickname – Child		
Gender ☐ Male ☐ Female	Birthdate (mm/dd/yyyy)	Social Security Number
Date Received for Care (mm/dd/yyyy)	Religion	
Name – Child Placing Agency		Telephone Number
Address – Child Placing Agency (Street, City, State, Zip Code)		
Name – Social Worker		Work Telephone No.

EMERGENCY NOTIFICATION

Name – 1st Contact	Telephone Number
Address (Street, City, State, Zip Code)	
Name – 2nd Contact	Telephone Number
Address (Street, City, State, Zip Code)	
Name – Child's Physician	Telephone Number
Address (Street, City, State, Zip Code)	

IMMUNIZATIONS (Dates should be month / day / year)

Vaccine Type	Date – 1st Dose	Date – 2nd Dose	Date – 3rd Dose	Date – 4th Dose	Date – 5th Dose
DTP/DT/Td Diptheria-Tetanus-Pertussis					
POLIO					
MEASLES					
RUBELLA					
MUMPS					

MEDICAL / DENTAL INFORMATION (Include medical problems such as allergies, physical limitations and sensitivity to medication or foods.)

MEDICAL EXAMINATIONS AND TREATMENTS

Dates and Physician Name

DENTAL EXAMINATIONS AND TREATMENTS

Dates and Dentist Name