

***The Family Justice Center
Children's Intake***

Child's Name _____

Parent's Name _____

Child's Information:

Sex: _____ ***Age:*** _____ ***DOB:*** _____

Emergency Contact : _____

Are there any allergies (food/medicine) ? Please check : Yes _____ ***No*** _____

If so, please list: _____

Is your child toilet trained? Please check : Yes _____ ***No*** _____

What word does your child use for toilet? _____

How does your child express anger or frustration?

If applicable:

Diaper Size _____

Formula Type _____

Parents Signature

Date

Advocate or volunteer on duty

Date