

**UMATILLA-MORROW COUNTY HEAD START, INC.
PROGRAM FACE SHEET**

Pencil only and update regularly

Child's Name: _____ Nickname: _____ Date of Birth: _____

Family Information (Fill in information about the adults with whom the child resides)

Number of Members in Family: _____

Parent/Guardian: _____

Mother Father Legal Guardian Foster Parent Other: _____

Parent/Guardian: _____

Mother Father Legal Guardian Foster Parent Other: _____

Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Message: _____ Work: _____

Primary Language Spoken in Home: English Spanish Other: _____

Primary Language Spoken by Child English Spanish Other: _____

Documented Disability/Special Needs

Disability/Special Need: _____ Last IFSP Date: _____

Disability/Special Need: _____ Date of Medical Statement: _____

Health Insurance Information

OHP/Medicaid
OHP/Medicaid No. _____ OHP Re-certification Date: _____

Private Insurance
Provider: _____ Policy No. _____

No Insurance

Emergency Information

Medical Protocol in Place Yes No If yes, condition _____

Allergies: _____ Medications: _____

Persons to be contacted in case of emergency if unable to reach parent/guardian:

Name: _____ Address: _____ Phone: _____

Name of physician to be called in an emergency for treatment of illness/injury:

Name: _____ Phone: _____