



Pediatric Patient Registration Form

Child's Information

(Separate forms must be completed for each child.)

Form with fields for Child's Full Name, Gender, Primary Language, Date of Birth, Home Address, Ethnicity, Race, and various phone numbers.

Mother or Legal Guardian

Father or Other Legal Guardian

Form with fields for Mother/Guardian's and Father/Guardian's Legal Name, SSN, Date of Birth, Mailing Address, and Home Phone Numbers.

Emergency contact information

Every effort is made to protect our patient's privacy; however, in the case of an emergency in which a parent/legal guardian cannot be reached, we may need to call someone on your child's behalf.

Form with fields for Name of person not living with your child, Relationship to Child, and Emergency Contact's Phone Number.

Person Responsible for this Account

Form with fields for Name, Date of Birth, Relationship to Child, Address, Home Phone, Cell Phone, and Work Phone.

Insurance Information

Form with fields for Subscriber's Name, Date of Birth, SSN, Insurance Company, Phone Number, Relationship to Child, Group Number, Policy Number, Address, City, State, Zip Code, and additional insurance information.

I authorize release of any information concerning my child's healthcare, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

Signature of parent/legal guardian and Date fields.