

OPTIONS for this PDF:

1. BY HAND: Print this blank form, complete and file printed paper copy in a secure location.
2. ON SCREEN: Complete form on-screen and print. File printed paper copy.
3. STORE ON PC: Complete PDF using Foxit Reader or Adobe Acrobat. Save locally for editing.

Dependents – Specific Information

Record specific information for each child or other dependent. Create and save as many pages as needed.

Page ____ of ____ Pages

Basic Information	Dependent 1	Dependent 2
Name		
Date of Birth		
Place of Birth (hospital, city)		
Location of Birth Certificate		
Social Security Number		
Social Security Card Location		
Name of School		
School Address		
Grade		
Contact Name at School		
School Phone(s) and FAX		

Health Insurance	Dependent 1	Dependent 2
Name of Company		
Policy Number		
Contact Address		
Contact Phone(s) and FAX		

Physician	Dependent 1	Dependent 2
Name		
Street Address		
City, State, Zip		
Phone(s) and FAX		
Email		

Medical Conditions	Dependent 1	Dependent 2
Blood Type		
Allergies		
Prescription Drugs		
Pharmacy		
Additional medical info		