UNIVERSAL CHILD HEALTH RECORD

Endorsed by:

American Academy of Pediatrics, New Jersey Chapter New Jersey Academy of Family Physicians New Jersey Department of Health

Describit Have Health Insurance? If Yes, Name of Child's Health Insurance Carrier	SECTION I - TO BE COMPLETED BY PARENT(S)													
Does Child Have Health Insurance? If Yes. Name of Child's Health Insurance Carrier Work Telephone*Cell Phone Number	Child's Name (Last)			(First)			Gender			Date of E	Birth			
Parent/Guardian Name										/	/			
Parenti Guardian Name		Insurance Carrier												
Igive my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form. Signature/Date	Parent/Guardian Name Home Telep					one Number Work				Nork Telepho	k Telephone/Cell Phone Number			
This form may be released to Wilc. Yes No	Parent/Guardian Name Home 1					Telephone Number V				Work Telephone/Cell Phone Number				
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Section ii - To be Completed by Health Care Provider														
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