

Parent/Guardian Information Record

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First name: [Guardian](#) Last name: [Name](#)

Gender: U Primary caregiver? Y

DOB:

Enrollment date: 7/1/2023

Consent received: No

Participation Agreement:

Parent educator:

Education history

As of Date	Highest level of education	Technical Training / Certification (optional)

Current Education / Training Status

As of Date	Enrolled in	Status

Employment history

As of Date	Current employment status

Military History

As of Date	Military Status	Deployment Status

Housing history

As of Date	Housing status

Health insurance

As of date	Primary Health Insurance Coverage

Dental Insurance

As of Date	Primary Dental Insurance Coverage

Parent / Guardian General Health

As of Date	Medical or Developmental Condition or Diagnosis

Preventive care

As of date	Location for Regular Medical Checkups and Sick Care

Dates of routine preventive visits

Medical & Emergency Room Visits

Dates of visits	Reason	Notes

Contraception (optional)

As of date	Use of contraception

Pregnancy

As of date	Total pregnancies to date	Live births to date

Substance use

Alcohol

Tobacco

Drugs/Other Substances

Participation in Other Programs

Program	Start Date	End Date (if applicable)