



**Circle One/Elija Uno:** Beverly Hills \* Hollywood \* Burbank \* Emerald Terrace \* Pico Gramercy

| <b>PARTICIPANT (CHILD) INFORMATION/INFORMACION DEL PARTICIPANTE (DEL NINO)</b> |   |
|--|---|
| 1  | First, Middle & Last Name/ Primer y Segundo Nombre y Apellido                       |
| 2  | Gender/Genero: ___ Male/Masculino ___ Female/Femenino                               |
| 3  | Birth Date/Fecha de nacimiento: _____ Ethnicity/Etnicidad: _____ Age: _____         |
| 4  | Address, City, State, & Zip code/ Domicilio, Ciudad, Estado,Codigo Postal:<br>_____ |
| 5  | Home Telephone/Telefono de Casa: _____ Cell phone/Celular: _____                    |
| 6  | Email Address/ Correo Electronico: _____ Primary Language/Idioma Primario: _____    |
| 7  | School of Attendance/ Escuela que Asiste: _____ Grade/Grado: _____                  |

| <b>PARENT INFORMATION/INFORMACION DE LOS PADRES</b>   |  |
|---|--|
| <i>Parent/Guardian 1 – Padre/Guardian 1:</i>  |  |
| First, Middle, & Last Name – Primer y Segundo Nombre y Apellido: _____                                |  |
| Adress, City, State, & Zip code – Domicilio, Ciudad, Estado, Codigo Postal: _____                     |  |
| Home Phone/Telefono de Casa: _____ Cell phone/Celular: _____  |  |
| Email Address/Correo Electronico: _____ Occupation/Ocupacion: _____                                   |  |
| Work status/Estado de trabajo: _____ Work phone/Numero de trabajo: _____                              |  |
| Highest Level of Education/Nivel mas Alto de Educacion: _____ Primary Language/Idioma Primario: _____ |  |
| Lives with Participant?/Vive con el Participante?: _____  |  |
| <br><i>Parent/Guardian 2 – Padre/Guardian 2:</i>  |  |
| First, Middle, & Last Name – Primer y Segundo Nombre y Apellido: _____                                |  |
| Adress, City, State, & Zip code – Domicilio, Ciudad, Estado, Codigo Postal: _____                     |  |
| Home Phone/Telefono de Casa: _____ Cell phone/Celular: _____  |  |
| Email Address/Correo Electronico: _____ Occupation/Ocupacion: _____                                   |  |
| Work status/Estado de trabajo: _____ Work phone/Numero de trabajo: _____                              |  |
| Highest Level of Education/Nivel mas Alto de Educacion: _____ Primary Language/Idioma Primario: _____ |  |
| Lives with Participant?/Vive con el Participante?: _____  |  |



Participant's Full Name/Nombre Completo del Participante: \_\_\_\_\_

Does the child take prescribed or over-the-counter medications?/El niño/a toma medicamentos recetados o sin receta medica?  
 Yes/Si: \_\_\_\_\_ No: \_\_\_\_\_

Medication Name/Nombre del Medicamento: \_\_\_\_\_

Purpose/Propósito: \_\_\_\_\_

Side Effect/Efectos Secundarios: \_\_\_\_\_

Physician's Name/Nombre del Medico: \_\_\_\_\_ Phone Number/Numero de telefono: \_\_\_\_\_

Medical Plan & Number/ Seguro medico y Numero: \_\_\_\_\_

Address/Domicilio: \_\_\_\_\_

Dentist's Name/ Nombre del Dentista: \_\_\_\_\_ Phone Number/Numero de telefono: \_\_\_\_\_

Medical Plan & Number/ Seguro medico y Numero: \_\_\_\_\_

Address/Domicilio: \_\_\_\_\_

**HOUSEHOLD INFORMATION/INFORMACION DEL HOGAR**

Family Type/Tipo de Familia      \_\_\_\_\_ Single Parent/Padre Soltero      \_\_\_\_\_ Two Parent Family/Familia con dos Padres

Total number of people in household, including yourself/Numero total de personas en el hogar, incluyendo usted: \_\_\_\_\_

***Check all benefits received by child and/or family/Marque todo beneficio que recibe el niño(a) y/o la familia:***

\_\_\_\_\_ Free School Lunch/Almuerzo Escolar gratuito      \_\_\_\_\_ Food Stamps/CA Fresh/Estampillas de Comida      \_\_\_\_\_ MediCal

\_\_\_\_\_ General Assistance/Asistencia General      \_\_\_\_\_ Day Care/Guarderia      \_\_\_\_\_ Veteran's Comp/Compensacion Veterana

\_\_\_\_\_ Healthy Families      \_\_\_\_\_ WIC      \_\_\_\_\_ TANF      \_\_\_\_\_ SSI      \_\_\_\_\_ SSDI

***Annual Household Income/Ingreso Annual del Hogar:***

\_\_\_\_\_ Under/Bajo \$10,000      \_\_\_\_\_ \$10,000 - \$19,000      \_\_\_\_\_ \$20,000 - \$29,000      \_\_\_\_\_ \$30,000 - \$39,000      \_\_\_\_\_ \$40,000 - \$49,000

\_\_\_\_\_ \$50,000 - \$59,000      \_\_\_\_\_ \$60,000 - \$69,000      \_\_\_\_\_ \$70,000 - \$79,000      \_\_\_\_\_ \$80,000 - \$89,000      \_\_\_\_\_ \$90,000 - 99,999+

|  |   |
|--|---|
| <p><b>EMERGENCY CONTACT</b><br/>(not parent or guardian)</p> <p><b>CONTACTO DE EMERGENCIA</b><br/>(que no sea padres o guardian)</p> | <p>Name/Nombre: _____</p> <p>Relationship to child/Relacion al niño: _____</p> <p>Home Phone/Telefono de casa: _____</p> <p>Cell Phone/Celular: _____</p> |
|--|---|

**This Health History is correct to the best of my knowledge, and the person herein described has permission in all prescribed TASA activities as noted by the examining physician and me. I hereby give permission to the physician selected by the TASA official to order x-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the TASA officials to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_