



# Family Preparedness Plan



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Electronic version of the Family Preparedness Plan  
can be obtained from Boston Medical Center for free.

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#### **Note to Providers**

The Family Preparedness Plan is meant to be filled out by the parent/caregiver with the help or assistance of you or your staff. Due to the nature of this document we encourage you to use these materials in a sensitive way. We also have created a **Facilitator's Guide** to be used by those assisting families. Also, a **Passport Guide** has been created to accompany this Family Preparedness Plan, and these documents can be found at [www.bmc.org/programs/center-family-navigation-and-community-health-promotion/resources](http://www.bmc.org/programs/center-family-navigation-and-community-health-promotion/resources)

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### **What is a Family Preparedness Plan?**

- It is a document where you list important information about you, your family and your children in case you have to be absent, like in the event of detention or deportation.
- The Family Preparedness Plan is NOT a clinical/mental health/educational assessment or evaluation tool.
- The plan can be filled out section-by-section and adjusted to your family's needs. You do not have to fill out every section!

### **What is the purpose of the Family Preparedness Plan?**

- It is designed to help reduce the stress of the unexpected for you and your child.
- It is a resource for you to complete and give to the person you determine to be the caregiver of your child.
- The plan will provide your child's caregiver with enough information about your child's needs and strengths to avoid interruption in services.
- Having a plan helps you to ensure that your child will be protected and their needs taken care of.
- It is important to have a separate plan for each child in the family.

### **What is the content of the Family Preparedness Plan?**

- Suggestions on how to talk with your child about unexpected family separation.
- Things to consider when talking with your child about sudden family separation.
- How to choose a caregiver for your child and requirements to be a caregiver.
- Information about legal documentation needed to be a caregiver.
- Valuable information about your child's education, physical and emotional health and routines.

### **For Mixed Status Families Know Your Rights**

- Everyone – both documented and undocumented persons – has rights in this country.
- You, your family members (even children), housemates, neighbors, and co-workers, regardless of their immigration status, have the right to remain silent, a right to an attorney and to all of their other rights if US Immigration and Customs Enforcement (ICE) or the police come to your home, neighborhood or workplace.

### **Make Sure Your Children All Have Passports**

- If your child was born in the United States, visit [www.travel.state.gov](http://www.travel.state.gov) for more information on obtaining a U.S. passport.
- If your child was born in your home country, check with your embassy or consulate for more information on obtaining a passport.



## **Inform Your Family and Emergency Contacts about How to Find You if You Are Detained by ICE**

- Family members can use the ICE detainee locator:  
<https://locator.ice.gov/odls/homePage.do>.
- Be sure your family and emergency contacts have a copy of your A-Number (your alien registration number found on your immigration documents from ICE) if you have one.
- If you have a smart phone, consider having a safety alert app where your friends or family members can be alerted if you are detained by ICE.

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## Choosing a Caregiver for Your Child

Things to consider when choosing a caregiver for your child:		Yes	No
1	Is the person a US citizen or lawful permanent resident alien?		
2	Is the person age 19 or older?		
3	Does the person have a genuine concern for your child's welfare?		
4	Is the person physically able to care for the child?		
5	Does the person have the time?		
6	Does the person have a child close in age to your child?		
7	Does the person have the money to raise your child? If not, can you give the person money to raise your child?		
8	Does the person share your same beliefs and values?		
9	Does the person speak your or your child's language?		
10	Would your child have to move far away?		
11	Does your child get along with the person?		
12	Does your child want to live with the person?		

Working with the caregiver:		Notes
1	Decide when to talk to the person Make sure the person knows that you chose them Make sure the person agrees to be a caregiver for your child	
2	Make sure the person knows how to reach you at all times	
3	Write a letter explaining why you chose the person to raise your child. Include the following in your letter: 1) That the child wants to live with the person 2) That the person will provide a good home for the child 3) How the person will best meet the child's needs 4) The relationship between your child and the person 5) Good characteristics of the person	
4	Fill out either the Massachusetts Temporary Agent Authorization Form or the Massachusetts Caregiver Authorization Affidavit forms	
5	Gather all the information, copy it, and put it into a box or envelope	
6	Give the box or envelope to the person you would like to care for your child and keep a copy of everything for yourself	

Formalizing the agreement with the caregiver:		Action steps
1	<p>What legal forms are necessary when choosing a caregiver?</p> <p>To choose a caregiver for your child, you must fill either the Massachusetts Temporary Agent Authorization Form or Massachusetts Caregiver Authorization Affidavit. Both forms are available on page 40 and 43</p>	
2	How much is the notary?	
3	<p>When are you going to go to the notary?</p> <p>*Remember you have to go together</p>	
4	If you are doing the Caregiver Authorization Affidavit you need <b>2 witnesses</b>	
5	Remember: If you are doing the Temporary Agent Authorization Form and you know where the other parent is and s/he is willing and able to provide care and custody for the child, then <b>you do need his/her written consent.</b>	

**What are the differences between Massachusetts Temporary Agent Authorization Form and the Massachusetts Caregiver Authorization Affidavit Education and Health Care Form?**

	<b>Temporary Agent Authorization Form Page 40</b>	<b>Caregiver Authorization Affidavit Education and Health Care Form Page 43</b>
<b>Who can use this form?</b>	Any parent, legal custodian, or legal guardian of a child or children.	A parent
<b>Do I need to file anything in court if we use this form?</b>	No. This form gives the agent the power to make decisions without a court order.	No. This form gives the caregiver the right to make decisions without a court order.
<b>What does the temporary agent or caregiver do with this form?</b>	You or the agent will need to give a copy of this form to the child(ren)'s school, doctor, and anyone else who requires the signature of the child(ren)'s guardian. You should keep a list of everyone to whom you gave the form, in case you have to let them know about changes. You should make copies for yourself, and keep the original in a safe place.	You will need to give a copy of this form to the child's school, doctor and dentist. You should keep a list of everyone to whom you gave the form, in case you have to let them know about changes. You should make copies for yourself and keep the original in a safe place.
<b>What powers does the temporary agent or caregiver have?</b>	Generally, the temporary agent will have any powers that you, the parent, legal custodian, or legal guardian, have regarding the care, custody, and property of the child(ren). The temporary guardian never has the power to consent to the marriage or the adoption of a minor. Further, you can specify additional powers that you do not want the agent to have. The authority of the agent can be altered or limited by the court.	This form only gives the caregiver the right to make medical and educational decisions for the child.
<b>If a parent signs this form, can the parent still make these decisions?</b>	Yes, a parent keeps the right to make these decisions as well.	Yes, a parent keeps the right to make these decisions as well.
<b>What happens if the agent or caregiver and the parent disagree?</b>	If there is a disagreement, the parent makes the final decision.	If there is a disagreement, the parent makes the final decision.



<b>How long does this permission last?</b>	It lasts for <b>up to 60 days</b> . You will need a new one every 60 days.	It is good for <b>up to 2 years</b> . You will need a new one every 2 years.
<b>Can a parent change his or her mind?</b>	Yes. He or she needs to write a letter to the agent, saying that the agent no longer has permission to make these decisions. Please be sure to sign the letter and include the date. The parent or the agent gives a copy of this letter to the child's school, doctor, and anyone else who received a copy of this affidavit.	Yes. He or she needs to write a letter to the caregiver, saying that the caregiver no longer has permission to make these decisions. Please be sure to sign the letter and include the date. The parent and the caregiver each gives a copy of this letter to the child's school, doctor and dentist.
<b>Do I need the permission of the child(ren)'s other parent?</b>	If the whereabouts of the child(ren)'s other parent are known, and the other parent is willing and able to provide care and custody for the child(ren), then you do need to get the other parent's written consent. This can be done by having that parent fill out Section 5 of this form. If you don't know where the other parent lives, or if that parent is unable to care for the child(ren) for any reason (ex. incarceration, poor health, or mental illness), you need not obtain that parent's signature.	

## Safety

Emergency Contact	
<b>Name:</b>	<b>Address:</b>
<b>Phone number:</b>	<b>Places where s/he can be found:</b>
<b>Do NOT contact or allow the child to have any type of contact with this person(s):</b>	
<b>Safety or violence concerns:</b>	
<b>The child can have phone contact or supervised visits only with the following persons:</b>	
<b>Other:</b>	

## Family Reunification Plan

If reuniting your family in your country of origin is feasible and safe, take into consideration the following steps to plan what you can do now.

Action steps	Notes
<p><b>Do you have copy of relevant medical and educational documents?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificates</li> <li><input type="checkbox"/> School records</li> <li><input type="checkbox"/> Medical/Health records</li> <li><input type="checkbox"/> Bank accounts</li> <li><input type="checkbox"/> If you have a bank account or credit card consider making arrangements</li> <li><input type="checkbox"/> Identifications</li> <li><input type="checkbox"/> Records of US residence (i.e., lease agreements, pay stubs, school records, etc.)</li> <li><input type="checkbox"/> A list of other contacts</li> <li><input type="checkbox"/> Immigration attorney's information</li> <li><input type="checkbox"/> Consulate's information</li> <li><input type="checkbox"/> Church and/or pastor's information</li> <li><input type="checkbox"/> Family photos</li> <li><input type="checkbox"/> Passport</li> <li><input type="checkbox"/> Immunization records</li> <li><input type="checkbox"/> Forwarding mail, who will forward your mail?</li> <li><input type="checkbox"/> Other Important Legal Documents</li> </ul>	
<p><b>Does your child have a passport?</b></p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>We created a "Passport Guide", ask your provider for a copy.</p>	
How would you buy airplane tickets for your child?	
Who would bring your child to you?	
Where would you be reunited?	
When would you talk with your child? What would you say?	

## Talking to your Child About an Emergency Separation Due to Detention or Deportation

- It may be very hard to talk with your child about the possibility of an emergency separation.
  - You might not want to make your child upset.
  - You might also think that your child is too young to understand or be aware of the threats of a possible separation
- Children are able to perceive when there are secrets or taboo topics in the family (even if they do not know what these are and can make them blame themselves for things they are not responsible for and imagine things that might be more threatening than what is happening in reality).
- Even very young children are attuned and paying attention to what is affecting their caregivers and might have many questions in addition to feeling confused or scared.
- Creating a space to discuss with your child a family preparedness plan can offer an opportunity for you to answer their questions in ways that can help them feeling better as they will know that they can talk with you.
- When the information comes from a parent or a trusted adult, you have more control over what to tell the child, how to tell it and help the child to understand what is happening.
- If you don't feel ready to have this conversation or need additional support, consider asking a trusted person, maybe from school, church or your community, to help you to talk to your child.

### Important Points to Remember

- Do you need emotional support or guidance about how to talk to your child?
- Do you have a mental health clinician that can support you with this process?
- If you don't, talk with your primary care provider or your child's pediatrician to assist you in finding someone who could help you.
- It would be important to discuss with the person who will be taking care of your child in your absence how you want your child's questions related to the separation will be answered or explained

Notes

## Talking to Your Child

- Talking to your child about a possible separation would involve, if possible, a few conversations.
- Let your child know much you love them and that you are taking steps to make sure that he/she will be protected.
- It is very possible that you get sad or upset as you are having these conversations, it is okay to admit to your child that you are feeling sad or concern.
- Validate your child's feelings and normalize that is Ok to have those feelings when thinking about being apart
- In your conversation use words and information that you think your child will understand

Notes

## Suggestions for Talking to Older Children

- Possible ways to start a conversation, depending on your child and your personal experience could be:
  - *"Maybe you have been hearing the adults in the family talk about "deportation." Do you know what that is? When a person has to go back to the country where they were born, even if he or she does not want to, that is deportation."* (You can also use an example of someone already going through this process).
- Ask your child how much s/he knows and how does s/he feel. Try to use the same words your child is using to explain the situation.
- Help your child identify how he/she is feeling , validate his/her experience and help him/her express them through words, drawing,
- Explain that you are organizing your family paperwork in case you have to be separated.
- Also, mention that as a precaution you would be talking (or you already talked) with \_\_\_\_\_ to take care of him/her if you are separated.
- Ask what s/he thinks about staying with \_\_\_\_\_.

Notes

## Suggestions for Talking with Very Young Children:

- Very young children do not have the words to express how they might be feeling and show their fears and concerns through their behavior. You can still name and validate their possible feelings.
- With very young children you will need to provide information in very simple ways and be prepared to answer questions in a patient and compassionate way.
- Young children ask the same questions over and over again because this is the way of learning about what is happening and how to make sense of it.
- Remember that young children feel safer when they have consistent routines, can anticipate what is going to happen and have consistent caregivers.

Notes

### Child's Personal Information

<b>Full Legal Name:</b>  Nickname:		<b>Sex assigned at birth:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
		<b>Current Gender Identity:</b>
<b>Date of Birth:</b>	<b>Place of Birth (city, state, country):</b>	<b>Citizen of:</b>
<b>Social Security Number:</b>	<b>Passport Number:</b>	<b>Country of Issue:</b>
<b>Current address:</b>	<b>Phone number:</b>	<b>Alternate Phone Number:</b>
<b>Other Children Living with Child</b>		
<b>Name of Child:</b>	<b>Age:</b>	<b>Relationship (Brother, sister, step-brother, cousin, etc.):</b>
<b>Child's Primary (or Preferred) Language:</b>		<b>Child's Secondary Language:</b>

**Parent's Information & Living Arrangements**

<b>Father's Name:</b>	<b>Mother's Name:</b>
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**Who Does the Child Live With?** (father, mother, father and mother, grandparent(s), aunt, uncle, foster care, cousin, etc.):

**Family Members Living in the US**

Name	Relationship to child	Phone number	Address

**Family Members Outside the US**

Name	Relationship to child	Phone number	Address



## Early Intervention Services

Is your child younger than 3 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, go to page 18)	
If you answered <u>Yes</u> , does your child receive Early Intervention Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a copy of your child's Individualized Family Service Plan (IFSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What services does your child receive?	
Days of the week?	Time:
Date of last IFSP:	Any upcoming meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Early Intervention Coordinator:	
Agency:	
Phone number:	Email:
How does your child communicate with others (words, signs, communication device)?	
Does your child uses any type of communication device? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child being understood by others?	
Does the child have any specific eating problems or mealtime behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child have any specific sensory issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the child toilet-trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child have difficulty sleeping or other bedtime issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Does your child display any of the following behavior?**

- Aggression
- Self-Injury
- Non-Compliance
- Destruction
- Inflexible Routines or Rituals
- Stereotypy(self-stimulatory behavior)
- Difficulties self-regulating
- Difficulties with Attachment
- Other:

**Please list any other important information about your child's education:**

## Child Care, Early Head Start, Head Start

<b>Is your child on Day Care, Early Head Start or Head Start?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, go to page 21)	
<b>Name of Child Care, Early Head Start or Head Start:</b>	
<b>Address:</b>	<b>Phone number:</b>
<b>Days of the week:</b>	<b>Time:</b>
<b>Teacher:</b>	<b>Teacher:</b>
<b>Any associated cost:</b>	<b>How it gets paid:</b>
<b>Any other relevant information:</b>	

## Education Information

Is your child attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, go to page 23)	
What grade is your child in?	
Name of your child's school:	
School's telephone number:	
Does your child buy lunch at school or bring lunch from home? If your child buys lunch at school, how much does it cost?	
What time does school start?	
What time does your child have to be at school?	
How does your child get to school (car, bus, friend, etc.)? If by bus, what time is pickup?	
What time does school end?	
How does your child get home from school (car, bus, friend, etc.)? If by bus, what time is drop-off?	
Is your child enrolled on an After School Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name?	
Where is it located?	
How many days per week?	
Time:	
Contact person:	
How does your child communicate with others (words, signs, communication device)?	

Does your child uses any type of communication device? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child being understood by others?	
<p><b>Does your child have any developmental delay, disability, or diagnosed special learning needs?</b> (e.g. dyslexia, intellectual disability, Autism, global developmental delay, speech delay, ADHD, ADD, blindness, visual impairment, deaf, hard of hearing, etc.)</p> <p><b>If so, please describe:</b></p>	

## School Special Education Services

<p><b>Does your child receive Special Education Services?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No (if NO, go to page 24)</p>	
<p><b>Does your child have a 504 Plan or an Individualized Education Plan (IEP)?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  <input type="checkbox"/> Individualized Education Plan (IEP)      <input type="checkbox"/>504 Plan      <b>Do you have a copy?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>Does your child receive door-to-door transportation?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>Does your child get Extended School Year (ESY)?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>Class Type (please check):</b>  <input type="checkbox"/>Self-contained   <input type="checkbox"/>Inclusion      <input type="checkbox"/> Regular      <input type="checkbox"/> Home-based Instruction      <input type="checkbox"/> Home Schooled</p>	
<p><b>How do you communicate with your child's teacher?</b></p> <p>(E.g. text, phone, communication notebook, email, school staff who speaks your language)</p>	
<p><b>Date of last 504/IEP:</b></p>	
<p><b>Any upcoming meetings?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Date:</b></p>	
<p><b>Special Education Coordinator:</b></p>	
<p><b>Phone number/Email:</b></p>	
<p><b>Does the child have any specific eating problems or mealtime behaviors?</b></p>	
<p><b>Does the child have any specific sensory issues?</b></p>	
<p><b>Is your child toilet-trained?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>Does the child have difficulty sleeping or other bedtime issues?</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Explain:</b></p>	

**Does the child display any of the following behavior?**

- Aggression
- Self-Injury
- Non-Compliance
- Destruction
- Inflexible Routines or Rituals
- Stereotypy(self-stimulatory behavior)
- Difficulties self-regulating
- Difficulties with Attachment
- Other:

**Please describe what these behaviors look like for the child and how you respond:**

**Please list any other important information about your child's education:**

## In-home Services

<b>Does your child receive In-Home Services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, go to page 27)	
<b>Does your child receive in-home services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What kind?</b> <input type="checkbox"/> CBHI <input type="checkbox"/> ABA <input type="checkbox"/> Other
<b>Agency:</b>	
<b>Phone number:</b>	
<b>Provider:</b>	
<b>Phone number:</b>	
<b>Visit days/time:</b>	
<b>Description of services:</b>	
<b>Agency:</b>	
<b>Phone number:</b>	
<b>Provider:</b>	
<b>Phone number:</b>	
<b>Visit days/time:</b>	
<b>Description of services:</b>	
<b>Agency:</b>	
<b>Phone number:</b>	
<b>Provider:</b>	
<b>Phone number:</b>	
<b>Visit days/time:</b>	
<b>Description of services:</b>	



<b>Does your child receive Personal Care Assistant (PCA) services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many hours?	
Agency:	
Caseworker:	
Phone number/email:	
Who is the current PCA?	
Any relevant information?	
<b>Does your child receive services through the Department of Developmental Services (DDS)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caseworker:	
Phone number/email:	
Any relevant information?	
<b>Does your child receive services through the Department of Children and Families (DCF)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caseworker:	
Phone number/email:	
Any relevant information?	
<b>Does your child receive services through the Department of Mental Health Services (DMH)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caseworker:	
Phone number/email:	
Any relevant information?	

Does your child receive SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how much?	
<input type="checkbox"/> Electronic transaction <input type="checkbox"/> Check	
Any relevant information:	
Does your child receive services from any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact person:	
Phone number/email:	
Service:	
Other Relevant Information (visits, services, recent pending issues, etc.)	

### Medical Information

Fill out only those parts relevant to your child. If you have a copy of your child's medical records and you plan to provide a copy to your child's caregiver, provide here information that is NOT included in the medical record.

<b>Do you have any religious or cultural beliefs that may impact health care? If yes, please describe:</b>	
<b>Does your child have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Insurer:</b>	<b>Card number:</b>
<b>Does your child have a regular doctor (PCP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Medical Record Number:</b>	<b>Name:</b>  <b>Phone:</b>
<b>Address:</b>	
<b>When did your child last see the doctor?</b>	<b>Next appointment:</b>
<b>Please list any concerns:</b>	
<b>Does your child have a dentist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Medical Record Number:</b>	<b>Name:</b>  <b>Phone:</b>
<b>Address:</b>	
<b>When did your child last see the dentist?</b>	<b>Next appointment:</b>
<b>Please list any concerns:</b>	

<b>Does your child see a mental health professional?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b>
Medical Record Number:	<b>Phone:</b>
<b>Address:</b>	
<b>When did your child last see a mental health clinician or psychotherapist?</b>	<b>Next appointment:</b>
<b>Please list any concerns:</b>	
<b>Does your child see a specialist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b>
Medical Record Number	<b>Area of Specialty?</b>
<b>Address of Specialist:</b>	<b>Telephone Number:</b>
<b>When did your child last see the specialist?</b>	<b>Next appointment:</b>
<b>Please list any concerns:</b>	
<b>Does your child see any other specialists?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b>
Medical Record Number	<b>Area of Specialty?</b>
<b>Address of Specialist:</b>	<b>Telephone Number:</b>
<b>When did your child last see the specialist?</b>	<b>Next appointment:</b>
<b>Please List any Concerns:</b>	

<b>Does your child see any other specialists?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b>
<b>Medical Record Number:</b>	<b>Area of Specialty?</b>
<b>Address of Specialist:</b>	<b>Telephone Number:</b>
<b>When did your child last see the specialist?</b>	<b>Next appointment:</b>
<b>Please list any concerns:</b>	

## Child's Medical History

<p><b>Is your child diagnosed with any medical, genetic, emotional, behavioral or other condition?</b></p> <p><b>If so what is the diagnosis and when was the child first diagnosed?</b></p> <p><b>Is he/she on any medication for that condition?</b></p>			
<b>EYES</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Any Visual Problems?			
Do Eyes Look Crossed?			
Does Your Child Wear Glasses?			
<b>EARS</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Any Hearing Problems?			
Three or More Ear Infections a Year?			
<b>NOSE</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Frequent Attacks of Sneezing or Rubbing His/Her Nose?			
Frequent Nose Bleeds?			
<b>THROAT</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Three or More Strep Throat Infections a Year?			
<b>HEART - Have You Ever Been Told Your Child Has:</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
A Heart Murmur?			
High Blood Pressure?			
A Heart Defect?			
<b>LUNGS - Has Your Child Ever Had:</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Bronchitis?			

Pneumonia?			
Asthma/Wheezing?			
Chronic Cough?			
<b>ABDOMEN - Has Your Child Ever Had:</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Jaundice?			
Blood in stool?			
Frequent Vomiting or Diarrhea?			
Marked Weight Loss?			
Marked Weight Gain?			
Difficulty with Appetite?			
Difficulty with Eating?			
Is at risk for aspiration?			
Is at risk for choking?			
<b>ENDOCRINOLOGY</b>	<b>YES</b>	<b>NO</b>	<b>If YES, What Type</b>
Diabetes			
<b>KIDNEY</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Has Your Child Ever Had a Urinary Tract Infection?			
Has There Ever Been Blood in the Urine?			
Does Your Child Ever Wet the Bed?			
Does Your Child Ever Complain of Burning or Frequency of Urination?			
<b>SKIN</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Any Sensitivity or Allergy?			
Eczema or Atopic Dermatitis?			
Acne?			

Ever Worn Corrective Shoes or Braces?			
<b>NEUROLOGICAL – Has your child Ever Had:</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Had Weakened or Paralysis of Arms or Legs?			
A Persistent Limp?			
Difficulty walking?			
Frequent Headaches?			
Convulsion or Seizure?			
Dizziness?			
Fainting?			
Breathe Holding?			
Temper Tantrums?			
<b>DENTAL</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Problems with Teeth or Gums?			
Bad Breath?			
<b>PUBERTY - Concerns About:</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Body Changes?			
Sexual Activity?			
Sexually Transmitted Diseases (STD)			
Discharge: Vaginal or Penile			
Contraception			
For Girls: Age of First Menstrual Period			
<b>GENERAL</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Is Your Child:			
Overactive?			
Impulsive?			



Lacking in Self Control?			
<b>Does Your Child Have Problems With:</b>	<b>YES</b>	<b>NO</b>	<b>If YES, Please Explain</b>
Peers?			
Siblings?			
Parents?			
Sleep?			
Attention Span?			
Attending School?			
Learning?			
Mood?			
Getting Tired Too Quickly?			
Obesity?			
Abuse (Physical, Sexual, Emotional)?			
Speech?			
Nail Biting/Thumb Sucking?			
School Attendance?			
Drug Use, Alcohol, or Smoking?			
Sex?			
Suicidal Thoughts or Intentions?			
Self-Inflicted Harm?			
Signs or exposure to traumatic event?			
Hypervigilant?			

<b>When was Your Child's Last Tetanus Shot?</b>	<b>Is Your Child Up-to-date on His/Her Immunizations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has Your Child Had or Been Diagnosed With:</b>			
Condition	YES	NO	If YES, Please List the Date of Diagnosis and Describe:
Chicken Pox			
Measles (Rubella)			
German Measles (Rubella)			
Mumps			
Meningitis			
Convulsions			
Contusions			
Fractures			
Poison Ingestion			
Operations			
Blood Transfusions			
Anemia			
Iron Deficiency			
Sickle Cells			
Thalassemia			
Other Serious Medical Illnesses			
<b>Has your child been hospitalized in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>When?</b>			
<b>Why?</b>			
<b>Has your child needed any surgery in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>When?</b>			
<b>Why?</b>			

**List Any Medication Your Child is Currently Taking:**

<b>Name of Prescription</b>	<b>Dosage</b>	<b>How Often</b>
<b>Name of Pharmacy Where Prescriptions are Filled:</b>	<b>Address:</b>	<b>Phone Number:</b>

List any Allergies Your Child has: (food, drugs, latex, insects, etc.)

List any chronic or recurring pains your child has: (back, migraines, etc.)

Any other relevant information:

## Family History

Does Anyone in Your Family (mother, father, brother, sister, grandparent, aunt, uncle, or cousin) suffer from any of the following medical conditions:			
Condition	Yes	No	If YES, Please List Their Relationship to Your Child:
Tuberculosis (TB)			
Diabetes			
Asthma or Hay Fever			
Eczema			
Allergies			
Mental health problem			
Depression			
Seizures			
Hepatitis			
Heart Disease			
Stroke			
High Cholesterol			
Cancer			
Birth Defects			
Genetic condition			
High blood pressure			
Dementia			
Other Serious Medical Problem			

## Your Child's Routines

<b>Describe Your Child's Eating Habits:</b>	
<b>What is Your Child's Favorite Food?</b>	
<b>Describe Your Child's Bedtime Habits:</b>	
<b>What Time Does your Child Go To Bed?</b>	<b>What Time Does Your Child Wake Up?</b>
<b>What Method of Correction is Most Effective With Your Child?</b>	
<b>What Are Your Child's Strengths?</b>	
<b>What Are Your Child's Favorite Things?</b>	
<b>What Are Your Child's Least Favorite Things?</b>	

<b>Religion</b>		
<b>What service does your child attend?</b>	<b>Address:</b>	
<b>What days does service meet?</b>	<b>How does your child get to religious service? (walk, ride with friend, parent attends with child, dropped off, etc.)</b>	<b>Telephone Number:</b>
<b>What time does service start?</b>	<b>What time does service end?</b>	
<b>Other Important Religious Information:</b>		
<b>Extracurricular Activities:</b>		
<b>Please list all extracurricular activities your child is involved in:</b>		
<b>Extracurricular activity schedule:</b>		
<b>List any important information about your child's schedule:</b>		
<b>Other Important Information:</b>		
<b>Please list any additional information about your child:</b>		



# Appendixes





**TEMPORARY AGENT AFFIDAVIT**  
**Massachusetts General Laws Chapter 190B, § 5-103**

1. AUTHORIZING PARTY (Parent/custodian/guardian)

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
am the: (circle one)                      parent                      legal guardian                      legal custodian  
of the minor child(ren) listed below.

I do hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ to exercise concurrently any power regarding the care, custody, or property  
[except the power to consent to marriage or adoption and any additional acts prohibited below], that I  
possess relative to the minor child(ren) whose names and dates of birth are:

_____	_____	_____	_____
name	date of birth	name	date of birth
_____	_____	_____	_____
name	date of birth	name	date of birth

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

\_\_\_\_\_

\_\_\_\_\_

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the guardian or custodian, please attach the court order appointing you.)*
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.

This document shall remain in effect until \_\_\_\_\_ *(not more than 60 days from today)* or until I notify the agent in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE  
(To be signed by persons over the age of 18 who are not the designated agent.)

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address and telephone number

\_\_\_\_\_  
Address and telephone number

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE  
Commonwealth of Massachusetts

\_\_\_\_\_, ss

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

4. TEMPORARY AGENT ACKNOWLEDGMENT

I, \_\_\_\_\_, am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise concurrent power relative to the child(ren), except those powers prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian, or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

5. NONAPPOINTING PARENT CONSENT *(if applicable)*

I, \_\_\_\_\_, residing at \_\_\_\_\_, am the nonappointing parent of the child(ren). I consent to the designation of \_\_\_\_\_ to be a temporary agent for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_



**CAREGIVER AUTHORIZATION AFFIDAVIT  
Massachusetts General Laws Chapter 201F**

I. AUTHORIZING PARTY (Parent/Guardian)

I, \_\_\_\_\_, residing at \_\_\_\_\_,

am:  
(circle one)      the parent              legal guardian              legal custodian  
of the minor child(ren) listed below.

I do hereby authorize \_\_\_\_\_, residing at \_\_\_\_\_ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

_____	_____	_____	_____
name	date of birth	name	date of birth
_____	_____	_____	_____
name	date of birth	name	date of birth
_____	_____	_____	_____
name	date of birth	name	date of birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

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**The following statements are true: (Please read)**

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

This document shall remain in effect until \_\_\_\_\_ (not more than two years from today) or until I notify the caregiver in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**2. WITNESSES TO AUTHORIZING PARTY SIGNATURE**

(To be signed by persons over the age of 18 who are not the designated caregiver.)

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

**3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE**

Commonwealth of Massachusetts

\_\_\_\_\_, SS

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

4. CAREGIVER ACKNOWLEDGMENT

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) currently reside with me at \_\_\_\_\_

\_\_\_\_\_.

I am the children's (state your relationship to the child) \_\_\_\_\_.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: \_\_\_\_\_

Printed name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_