

**Parent/Legal Guardian #1:**

Child(ren)'s parents are:  Married  Divorced  Never Married  Separated  Widow(er)  Other

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Best number to reach me is:  Cell  Work

SCIP may contact me via:  Cell  Email

SCIP may leave messages or lab results via:  Cell  Email

Lives with patient? Yes / No

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(street) \_\_\_\_\_ (city/state/zip)

**Parent/Legal Guardian #2:**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Best number to reach me is:  Cell  Work

SCIP may contact me via:  Cell  Email

SCIP may leave messages or lab results via:  Cell  Email

Lives with patient? Yes / No (If you do not live with the patient, please provide the address. If same as parent/legal guardian #1 please disregard.)

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(street) \_\_\_\_\_ (city/state/zip)