



PRENTICE HOUSE INC.

PO Box 891 + 517 Beaser Avenue + Ashland, WI 54806 + 715.682.1160 + f:715.682.6101 + info@prenticehouse.org

FACT SHEET

Resident Name: _____ **Nicknames:** _____

Date of Birth: _____ **Social Security #:** _____

Height: _____ **Weight:** _____ **Eyes:** _____ **Hair:** _____ **MALE**

Referring County: _____ **Date of placement:** _____

Legal Custody: _____

Social Worker: _____ **Phone:** _____

Address: _____ **Fax:** _____

Attorney: _____ **Phone:** _____

Address: _____

Mother (or legal guardian): _____ **Home Phone:** _____

Address: _____ **Work:** _____

_____ **Cell:** _____

Father (or legal guardian): _____ **Home Phone:** _____

Address: _____ **Work:** _____

_____ **Cell:** _____

Other: _____ **Home Phone:** _____

Address: _____ **Work:** _____

_____ **Cell:** _____

Name of most recent school and current grade: _____

Religious Preference: _____

Medication (Prescribing Physician and Start date): _____

Significant Medical History (allergies, health issues, reactions, and physical limitations):

Doctor to notify in case of Emergency: _____

Dentist: _____