

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
EMERGENCY CARE/TREATMENT AND/OR HOSPITALIZATION RECORD FORM
FOR CHILDREN IN SUBSTITUTE CARE**

PLEASE PRINT

CHILD'S NAME	DATE OF BIRTH
HOSPITAL NAME	DATE(S) OF TREATMENT AND/OR HOSPITALIZATION
HOSPITAL ADDRESS	
ATTENDING PHYSICIAN'S NAME (PLEASE PRINT) AND SIGNATURE	

PRESENTING CONCERNS AND DIAGNOSIS
TREATMENT PROVIDED
MEDICATION PRESCRIBED
DISCHARGE INSTRUCTIONS

Please Return:	Mail to:	or	Fax to:
	Tuscarawas County Job & Family Services 389 16 th Street, SW New Philadelphia, Ohio 44663		330-308-7790

Copy to Parent: YES

Date _____