



Foster Care

1008 South Second Street  
Clearfield, PA 16830  
(814) 765-2686  
FAX: 765-6530  
www.childaid.org

---

Adoption, Child Care, Foster Care, In-Home Services, Nurturing, Parents as Teachers,  
Pre-K Counts, Together, Triple P, Youth Mentoring

## FOSTER CHILD TREATMENT REPORT

\*\*Must be completed at all appointments\*\*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Type of Appointment:**

\_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Optometrist \_\_\_\_\_ Therapy  
\_\_\_\_\_ Medication Check  
\_\_\_\_\_ Other, Specify: \_\_\_\_\_

Reason for Visit/Treatment Provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow Up/Next Scheduled Exam: \_\_\_\_\_

List Current Medications and Dosage: (if applicable)

Service Provider: \_\_\_\_\_  
Signature Printed Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_