CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Ad	mission	Date of	Discharge				
Name of Child (Last, First, Middle Initial)								ld's Date of Birth	
Address (Number and Street, Building/Apartment Number)					City	Sta	ite Zip	Code	
Parent/Legal Guardian's Name			Home Phone	9	Parent/Legal Guardian's Name (Optional)		onal) Ho	me Phone	
Home Address (if not child's address)			Cell Phone		Home Address (if not child's address)			l Phone	
City		State	Zip Code		City	Sta	ite Zip	Code	
Email Address (optional)					Email Address				
Employer Name			Work Phone		Employer Name			rk Phone	
Name of Child's Physician or Health Clinic Physic						hysician's or Health Clinic's Phone Number			
Hospital Preferr	ed for Emergency Tr	eatment (optional)		<u>r</u> ,				
Allergies, Speci	al Needs and Specia	Instruction	ons (Attach addition	onal sheets	, if necessary.)				
PCAL-3731 (Pay 7-	18) Previous edition 6-17 n	nav he used						See Reverse Side	
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possible, include	tact & Release of Child at least one person othe mber column can be lef	r than the	parents/legal guardi	ians to be co	ontacted in an eme				
1.					()		()		
2.					()		()	()	
3.					()		()		
Release of Child	Only: List all individuals,	other than th	ne parents/legal guar	rdians, to who	om the child may be	released. (If more individ	duals, attach add	ditional sheets.)	
1. ()	2.	2.		()		
3.)	4.	4.		()		
Parent/Legal Gu	ardian Initials:								
	permission to at for the above named n	ninor child v		censed by th	e Department of Li	censing and Regulatory	Affairs to secu	e emergency	
I certify that I ac	curately completed th	is form an	d if anything chan	ges, I will n	otify the provider	by updating this form	ı .		
Signature of Pare	ent or Guardian					Date Signed			
	T	5			D. (O)		Deta On 1	Dorest sed sed	
Date Card Reviewed	Parent or Legal Guardian Initials	Date C Review		-	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	
								RITY: 1973 PA 116	
	LAR	A is an equ	ual opportunity emp	ioyer/progra	m.		ı	ETION: Required	
PENALT								ALTY: Rule Violation Citation.	