# 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 Admission | Date of Discharge |
|---|---|---|

| Name of Child (Last, First, Middle ) | | | | Child's Date of Birth |
|---|---|---|---|---|
| Address (Number and Street, Building/Apartment Number) | | City | State | Zip Code |
| Parent/Legal Guardian's Name | Home Phone ( ) | Parent/Legal Guardian's Name (Optional) | | Home Phone ( ) |
| Home Address | Cell Phone ( ) | Home Address | | Cell Phone ( ) |
| City / State / Zip Code | | City | State | Zip Code |
| Email Address (optional) | | Email Address (optional) | | |
| Employer Name | Work Phone ( ) | Employer Name | | Work Phone ( ) |
| Name of Child's Physician or Health Clinic | | Physician's or Health Clinic's Phone Number ( ) | | |
| Hospital Preferred for Emergency Treatment | | | | |
| Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.) | | | | |

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

**See Reverse Side**

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

| | | |
|---|---|---|
| 1. | ( ) | ( ) |
| 2. | ( ) | ( ) |
| 3. | ( ) | ( ) |

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

| | | | |
|---|---|---|---|
| **1.** | **( )** | **2.** | **( )** |
| **3.** | **( )** | **4.** | **( )** |

**Parent/Legal Guardian Initials:**

_____I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian Date Signed

| Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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