

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Office of Children and Adult Licensing

Date of Admission		Allergies						
Date of Discharge								
Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apartment Number)					
Child's Date of Birth		Home Phone ()		City		State	Zip Code	
Father/Legal Guardian's Name			Home Phone		Mother/Legal Guardian's Name			Home Phone
Home Address (if not child's address)			Cell Phone		Home Address (if not child's address)			Cell Phone
City		State	Zip Code		City		State	Zip Code
Employer/School Name				Employer/School Name				
Address (Employer/School)				Address (Employer/School)				
City		State	Zip Code		City		State	Zip Code
Employer/School Phone ()			Daily Work/School Times		Employer/School Phone ()			Daily Work/School Times
Name(s) of Person other than Parent or Legal Guardian to whom child may be released								

OCAL-3731 (Rev. 1-06) Previous edition may be used.

I give permission to Early Learning Center Staff, licensed by the Department of Human Services
(Provider's Name)
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian			Date Signed			
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()			
Address of Child's Physician or Health Clinic			Name of Health Insurance Carrier			
Hospital Preferred for Emergency Treatment			Health Insurance Policy Number			
Special Needs:			Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot			
Name of Local Person to be Notified in an Emergency When Parents Not Available			Local Address of Emergency Person			
Home and/or Cell Phone ()		Work Number ()		City, State		Zip Code
Special Instructions:						
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.					AUTHORITY: Act 116 of P.A. 1973 COMPLETION: Required PENALTY: Rule Violation Citation.	

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