

Example

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
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Name of Child (Last, First, Middle Initial)		Doe Jane C.	
Address (Number and Street, Building/Apartment Number)		13456 Greenwood Street	
City	State	City	State
City	State	City	State
Home Address (if not child's address)	Home Address (if not child's address)	Home Address (if not child's address)	Home Address (if not child's address)
Cell Phone	Cell Phone	Cell Phone	Cell Phone
Zip Code	Zip Code	Zip Code	Zip Code
Parent/Legal Guardian's Name		John Doe	
Home Address (if not child's address)		Same as above	
Cell Phone		(555) 0000000	
Home Address (if not child's address)		Same as above	
Cell Phone		(555) 333-3333	
Zip Code		333-3333	
Email Address (optional)		doe.john@gmail.com	
Employer Name		The Arbor	
Work Phone		(555) 111-1111	
Name of Child's Physician or Health Clinic		St. Johns Family	
Physician's or Health Clinic's Phone Number		(555) 222-2222	
Hospital Preferred for Emergency Treatment (optional)			
St. Johns Family			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			
None			

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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.	John Doe	(555) 000 0000	() ()
2.	Jane Doe	(555) 333-3333	() ()
3.	Sam Doe	(555) 444-4444	() ()
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.	Jane Doe	(555) 555-5555	() ()
2.			() ()
3.	Jane Doe	(555) 777-7777	() ()

Parent/Legal Guardian Initials: J.D. I give permission to LSPS, 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: John Doe Date Signed: 2-2-17

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
AUTHORITY: 1973 PA 116				COMPLETION: Required			
PENALTY: Rule Violation				LARA is an equal opportunity employer/program.			

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