

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Bureau 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										

I give permission to _____, 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
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Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number ()
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Address of Child's Physician or Health Clinic	Name of Health Insurance Carrier
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Hospital Preferred for Emergency Treatment	Health Insurance Policy Number
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Special Needs:	Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot
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Name of Local Person to be Notified in an Emergency When Parents Not Available	Local Address of Emergency Person
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Home and/or Cell Phone ()	Work Number ()	City, State	Zip code
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Special Instructions:

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
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