



## 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 "NA" are not acceptable responses.

**For Provider Use Only:**

Date of Admissions	Date of Discharge
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Name of Child (Last, First, Middle Initial)			Date of Birth		
Address (Number & Street, Building/Apt. Number)				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	
Email Address (optional)		Email Address (optional)	
Employer Name	Work Phone	Employer Name	Work Phone

Name of Child's Physician or Health Clinic	Phone Number
Hospital Preferred for Emergency Treatment (optional)	
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary)	

**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 emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)


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


**Parent/Legal guardian must initial one of the following:**

\_\_\_\_\_ I give permission to **Community Learning Center**, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

\_\_\_\_\_ I do not give permission to **Community Learning Center**, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

\_\_\_\_\_  
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