

Date of Admission	Allergies		CHILD INFORMATION RECORD STATE OF MICHIGAN Department of Human Services Bureau of Children and Adult Licensing		
Date of Discharge					
Name of Child (Last, First, Middle Initial)			Address (Number & Street, Bulding/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 different from child's)		Cell Phone	Home Address (if different from child's)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Employer/School Name			Employer/School Name		
Employer/School Address			Employer/School Address		
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(s) other than parent or legal guardian to whom child may be released:					

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See reverse side

I give permission to the <u>Children's Enrichment Center/Western School District</u> licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the previously 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 are not available			Local address of emergency person		
Home and/or cell phone		Work phone	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, sexual orientation, political beliefs or disability. If you need help with reading writing or hearing, etc., under the American 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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