**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.

<table>
<thead>
<tr>
<th>For Provider Use Only:</th>
<th>Date of Admission</th>
<th>Date of Discharge</th>
</tr>
</thead>
</table>

Name of Child (Last, First, Middle Initial)  
Child’s Date of Birth

Address (Number and Street, Building/Apartment Number)  
City  
State  
Zip Code

Parent/Legal Guardian’s Name  
Home Phone  
( )

Parent/Legal Guardian’s Name (Optional)  
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

Email Address (optional)  
Email Address

Employer Name  
Work Phone  
( )

Employer Name  
Work Phone  
( )

Name of Child’s Physician or Health Clinic  
Physician’s or Health Clinic’s 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 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.  
( )  
( )

2.  
( )  
( )

3.  
( )  
( )

**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.  
( )  
2.  
( )

3.  
( )  
4.  
( )

**Parent/Legal Guardian Initials:**

_________I give permission to ______________________________, 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  
Date Signed

<table>
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<tr>
<th>Date Card Reviewed</th>
<th>Parent or Legal Guardian Initials</th>
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LARA is an equal opportunity employer/program.

**BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.**