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|---|-------|-------------------------|------|---|----------|-------------------------|--|--|--|-------|----------|
| 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 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 | | | | | | | | | | | |

BCAL-3731 (Rev. 3-08) Previous edition may be used.

See Reverse Side

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|---|-----------------------|---|---|
| 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 |
| 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 Not Available | | Local Address of Emergency Person | |
| Home and/or Cell Phone () | Work Number () | 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, 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. |