

**CHILD INFORMATION RECORD**  
**STATE OF MICHIGAN**  
 Department of Human Services  
 Office 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)
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Child's Date of Birth	Home Phone (    )	City	State	Zip Code
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Father/Legal Guardian's Name	Home Phone	Mother/Legal Guardian's Name	Home Phone
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Home Address (if not child's address)	Cell Phone	Home Address (if not child's address)	Cell Phone
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City	State	Zip Code	City	State	Zip Code
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Employer/School Name	Employer/School Name
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Address (Employer/School)	Address (Employer/School)
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City	State	Zip Code	City	State	Zip Code
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Employer/School Phone (    )	Daily Work/School Times	Employer/School Phone (    )	Daily Work/School Times
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Name(s) of Person other than Parent or Legal Guardian to whom child may be released
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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
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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, sex, religion, age, national origin, color, height, weight, marital status, 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: Act 116 of P.A. 1973 COMPLETION: Required PENALTY: Rule Violation Citation.
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