

CHILD INFORMATION RECORD CARD

The attached card is required by the State of Michigan.

It needs to be filled out correctly, as it would be used in an emergency situation.

There can be no "blank" spaces, "lines" through the boxes or "NA".

YOU MUST FILL IN EVERY BOX, if information is not known put **UNKNOWN** OR **NONE**.

Section	Field Information	Instructions
A	Name of Child/ Date of Birth/ Address	Please complete full name and address, no abbreviation
B	1st Parent Information	If information is not known, put UNKNOWN in each box
C	2nd Parent Information (Optional)	Complete as Section B if applicable
D	Name of Child's Physician	Very Important Information
E	Hospital Preferred	Your choice
F	Allergies, Special Needs and Special Instructions	This is very important to know in case of emergency needs
G	Emergency Contact & Release of Child	These are who will be contacted in case of emergency, parents should be listed first
H	Release of Child Only	These are individuals who are allowed to pick up and take your child from school
I	Emergency Release	Type your initials in the first box and enter "Muskegon Catholic Central" in the second box
J	Signature	IMPORTANT to sign and date

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.

For Provider Use Only:	Date of Admission	Date of Discharge
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
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.)		

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

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 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 _____

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
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

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