CHILD INFORMATION RECORD

State of Michigan
Department of Lifelong Education, Advancement, and Potential – 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 strikethrough, or “N/A” are not acceptable responses.

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

CHILD INFORMATION

Name of Child (Last, First, Middle Initial)	
Child’s Date of Birth	
Address (Number / Street Name, Building / Apartment Number)	
City	
State	
Zip Code	

PARENTS/LEGAL GUARDIANS INFORMATION

Name of Parent / Legal Guardian	
Primary Phone	
Secondary Phone (if applicable)	
Home Address (if not same as child’s)	
City	
State	
Zip Code	
Email Address (optional)	
Employer Name	
Work Phone	
Name of Parent / Legal Guardian (optional)	
Primary Phone	
Secondary Phone (if applicable)	
Home Address (if not same as child’s)	
City	
State	
Zip Code	
Email Address (optional)	
Employer Name	
Work Phone	

CHILD’S PHYSICIAN INFORMATION

Name of Child’s Physician or Health Clinic	
Phone Number	
Preferred Hospital for Emergency Treatment (optional)	
Allergies, Disabilities and/or Special Instructions? Attach additional sheets if necessary (Respond with “none” if not applicable).	

EMERGENCY CONTACT AND 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).

1st Individual:		**Phone:**		**2nd Phone:**	
2nd Individual:		**Phone:**		**2nd Phone:**	
3rd Individual:		**Phone:**		**2nd Phone:**	

RELEASE OF CHILD ONLY

List all individuals, other than the parents or legal guardians, to whom the child may be released to (if more individuals, attach additional sheets).

1st Individual:		**Phone:**	
2nd Individual:		**Phone:**	
3rd Individual:		**Phone:**	
4th Individual:		**Phone:**	

PARENT/LEGAL GUARDIAN INITIALS:

I, _____(initial here), give permission to Warren Woods Early Childhood Program (child care provider), licensed by the Department of Lifelong Education, Advancement, and Potential, 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:	

Date Card Reviewed:		Parent/Guardian Initials:	
Date Card Reviewed:		Parent/Guardian Initials:	
Date Card Reviewed:		Parent/Guardian Initials:	
Date Card Reviewed:		Parent/Guardian Initials:	

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators.	**MiLEAP is an equal opportunity employer/program.**