

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	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. 7-18) Previous edition 6-17 may be used.

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 NCS D PS/CARE, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minorchild 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 _____

Initials below indicate that I have reviewed this form front and back and that all medical information is accurate.

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 Citation.
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Please state yes or no for the following:

Health Care Questions

My child is in good Health _____
My child's immunizations are up- to-date (records on file at school). _____
My child has the following restrictions in physical activity: (must have a physician's note):

My child has a history of allergies. _____
My child takes the following medication daily:

NOTE: The CARE leader must have a duplicate copy of all medication authorization forms as well as medication in the original prescription container. We do not have access to medication in the school office after instructional hours.

Field Trips and Photos

During the course of the school year, we will from time to time take field trips and pictures of the children participating in various activities in the classroom.

Please state yes or no for the following questions.
I will supply my child with sun screen. _____
My child may participate in and/or be transported to field trips. _____
My child's photo may be used in brochures/flyers and on your website. _____

Illness Policy

Children that become ill in school:
Parents will be immediately notified by phone by the Teacher or CARE Leader. If unable to reach the parent, staff will begin calling the other approved emergency contacts on the card.

Custody Information:
Custody: Joint __ Mother __ Father __ Other __
Notarized Court document required.

Racial/Ethnic Codes: Required by the State of Michigan
(Select on Primary Code, Secondary Code is optional)

	Primary	Secondary
American Indian or Alaska Native	_____	_____
Asian American	_____	_____
Black or African American	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____
White	_____	_____
Hispanic of Latina	_____	_____

Injury Policy

Staff will assess and provide first aide such as ice, band aide etc. to injury as needed. If further care is needed, parent will be notified by phone to pick up their child and seek medical attention. For any injury, an accident report will be filled out by staff and parent will be notified in person or by phone.

Snack Policy

Parents are required to provide snack(s) daily unless the child is enrolled in our GSRP program.

Notebook

**Child Care Organizations Act, 1973 Public Act 116
Department of Human Services**

Notice of the availability of the center's licensing notebook. The notice must include all of the Following:
(i) The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans for the last 5 years.
(ii) The licensing notebook is available to parents during regular business hours.
(iii) Licensing inspection reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the department's child care licensing website at www.michigan.gov/michildcare.

Child Name: _____

Preschool Class or C.A.R.E. site: _____

I have read and agree to the policies in the parent handbook, checked the appropriate questions regarding Health Care, Field trips, Photos, snack policy and Licensing Notebook.

Parent Signature: _____

Date: _____