Date of Admission	Allergies
Date of Discharge	

CHILD INFORMATION RECORD
STATE OF MICHIGAN
Department of Human Services
Bureau of Children and Adult Licensing

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. 9-09) Previous editions 3-08, 10-07, & 1-06 may be used.

See Reverse Side

I give permission to BROOKVIEW SCHOOL (Provider's Name), licensed by the Department of Human Services 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 (Diptheria, 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, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.

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