

- Example -

CHILD INFORMATION RECORD

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State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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: (Child's First Day)		Date of Admission	Date of Discharge	
(Child's First Day)		9/5/2023		
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Doe, Jane E.				6/13/2019
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
400 South Grand St. Apt. 4		LakeTOWN	MI	48153
Parent/Legal Guardian's Name		Primary Phone	Parent/Legal Guardian's Name (Optional)	
Heather Doe		(555) 467-0013	Joe Doe	
Home Address (if not child's address)		2nd Phone (if applicable)	Home Address (if not child's address)	
		() none	800 West Front St.	
City	State	Zip Code	City	State
			LakeTOWN	MI
Email Address (optional)		Email Address (optional)		
HDOE@gmail.com		JDoe@gmail.com		
Employer Name		Work Phone	Employer Name	
self-employed		(555) 467-0014	none	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number	
LakeTOWN Clinic (Dr. Smith)			(555) 887-0013	
Hospital Preferred for Emergency Treatment (optional)				
none				
Allergies, Special Needs and/or Special Instructions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				
Allergic to Bees				

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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. Heather Doe	595-467-0013	(555) 467-0014
2. Joe Doe	555-469-5710	() none
3. Katherine Doe (grandma)	555-884-3240	() none

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. John Doe (grandpa)	555-469-6874	2. Martha Jones LSD	731-871-3819
3. Jill Johnson	555-000-1234	4. Bob Doe	555-469-6875

Parent/Legal Guardian Initials: hd

I give permission to NMCAA, licensed by the Department of Licensing and Regulatory Affairs 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: Heather Doe Date Signed: 8/24/2023

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
8/24/23	hd						

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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