

CHILD INFORMATION RECORD
STATE OF MICHIGAN
 Family Independence Agency
 Office of Children and Adult Licensing

Date of Admission		Date of Discharge					
Name of Child (Last, First, Middle Initial)				Address (Number and Street, Building/Apartment Number)			
Child's Date of Birth		Home and/or Cell Phone ()		City		State	Zip Code
Father/Legal Guardian's Name				Mother/Legal Guardian's Name			
Home Address (if not child's address)				Home Address (if not child's address)			
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 ()		Hours of Employment/School		Employer/School Phone ()		Hours of Employment/School	
Name of Local Person to be Notified in an Emergency When Parents Not Available				Local Address and Phone Number of Emergency Person			
Home and/or Cell Phone ()		Work Number ()		City		State	Zip Code
Name(s) of Person other than Parent or Legal Guardian to whom child may be released							

I give permission _____, licensed by the Family Independence Agency
(Child Care Provider)
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

AUTHORITY: Act 116 of P.A. 1973.
COMPLETION: Required
PENALTY: Rule Violation Citation.

Space of Notarization (If Required by Local Medical Facility)

Name of Child's Physician or Health Clinic

Physician'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

Allergies, If Any

Date of Last Tetanus Shot

Field Trip: I hereby give my permission to:

_____ for my child to be transported in a vehicle and/or participate in field trips.
Provider's Name

Signature of Parent or Guardian

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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 an FIA office in your county.