Date of Discharge	

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

I give permission to _____ , licensed by the Department of Human Services
(Provider's Name)

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.

ADDITIONAL EMERGENCY NAMES / NUMBERS

MOM'S CELL _____

DAD'S CELL _____