

Date of Admission	Date of Discharge
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**CHILD INFORMATION RECORD  
STATE OF MICHIGAN  
Family Independence Agency  
Office 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 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					

OCAL-3731 (Rev. 5-04) Previous edition may be used.

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.
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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	Health Insurance Phone Number ( )
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.

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