

**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 Parent Not Available				Local Address and Phone Number of Emergency Person			
Home and/or Cell Phone ( )		Work Phone ( )		City		State	Zip Code
Name(s) of Person other than Parent or Legal Guardian to whom child may be released							

I give permission to _____, 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 for Notarization (If Required by Local Medical Facility)

Name and Address of Child's Physician or Health Clinic	Phone Number (    )
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number
Allergies, If Any	Date of Last Tetanus Shot

<b>Field Trip:</b> 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	Date

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.