CHILD INFORMATION RECORD

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:		Date of Admis	sion	Date of	Discharge				
Name of Child (I	Last, First, Middle Init	ial)						Child'	s Date of Birth
Address (Number and Street, Building/Apartment Number)					City		State	Zip Co	ode
Parent/Legal Gu	arent/Legal Guardian's Name Primary Phone ()			9	Parent/Legal Guardian's Name (Optional)			Prima (iry Phone)
lome Address (if not child's address) 2 nd Phone (if applica			oplicable)	Home Address (if not child's address)			2 nd Ph	none (if applicable)	
City		State	Zip Code		City State		State	Zip Co	ode
Email Address (optional)	1			Email Address ((optional)		I	
Employer Name	nployer Name Work Phone ()				Employer Name			Work (Phone)
Name of Child's	Physician or Health (Clinic			Physician's or H ()	Health Clinic's Ph	one Numb	er	
Hospital Preferre	ed for Emergency Tre	atment (opti	ional)						
(Attach additional sh	al Needs and/or Spec neets, if necessary.) 7/2022) Previous editions 7-			∃ If yes, o	explain:				See Reverse Side
possible, include a	tact & Release of Child at least one person othe mber column can be left	er than the pare	ents/legal guardiar	ns to be co	ontacted in an eme				
1.					()			()	
2.					()			()	
3.					()			()	
Release of Child (Only: List all individuals, c	other than the p	oarents/legal guardi	ians, to wh	om the child may be	e released. (If more i	ndividuals, a	uttach additic	onal sheets.)
1. ()		2.				()			
3.		()	4.			()	
	uardian Initials: permission to <u>YMCA of</u> nt for the above named m			nsed by th	ne Department of Li	icensing and Regula	atory Affairs	to secure e	emergency
I certify that I ac Signature of Pare	ccurately completed thi ent or Guardian	is form and if	i anything change	es, I will r	notify the provider	r by updating this Date Siູ			
Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed		-	Date Card Reviewed	Parent or Lega Guardian Initia		ate Card eviewed	Parent or Legal Guardian Initials
	LAR	A is an equal	opportunity employ	oyer/progra	am.			IORITY: 197 PLETION: R	

PENALTY: Rule Violation Citation.

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for	to give or ap	to give or apply the medication		
(Caregiv	er, Facility)			
	, to my child		, as follows:	
(Specify, prescribed medication/over the counter product)		(Child's Name)		
DIRECTIONS:				
1. Date to Begin Giving Medication	2. Date to Stop Medica	ation		
3. Times Medication is to be Given	4. Amount (dosage) of	Medication Each Time Given		
5. Storage of Medication				
6. Other Directions, if Any				
Signature of Parent		Date		

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE
	It is recommended this form	be reviewed with the parent of	every 3 months if the medication is	ongoing.

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TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE