

Date of Admission	Date of Discharge
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Child Information, Contact and Emergency Record

Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth	Home Phone Number	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	
Father/Legal Guardian's Work E-mail Address			Mother/Legal Guardian's Work E-mail Address		
Father/Legal Guardian's Home E-mail Address			Mother/Legal Guardian's Home E-mail Address		
Father/Legal Guardian's Cell (or Alternate) Phone Number(s)			Mother/Legal Guardian's Cell (or Alternate) Phone Number(s)		

I give permission to _____, licensed by the Department of Human Services
 (U of M - Flint, ECDC)
 to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date	AUTHORITY: Act 116 of P.A. 1973. COMPLETION: Required PENALTY: Rule Violation Citation.
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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	

Please list any medical information concerning your child that would be necessary for teachers to know in an emergency (for example: allergies, dietary restrictions, medications):

Field Trip: I hereby give my permission to: _____
 (U of M - Flint, ECDC)

for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent or Guardian	Date
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The Department of Human Services will not discriminate against any individual 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 a DHS office in your county.