

Child Information, Contact and Emergency Record

Date of Admission	Date of Discharge
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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 Preferred E-mail Address				Mother/Legal Guardian's Preferred E-mail Address			
Father/Legal Guardian's Social Security #				Mother/Legal Guardian's Social Security #			
Father/Legal Guardian's Cell (or Alternate) Phone Number(s)				Mother/Legal Guardian's Cell (or Alternate) Phone Number(s)			
Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials

Parent/legal guardian must initial one of the following:

_____ I give permission to UM-Flint ECDC, licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

_____ I do not give permission to UM-Flint ECDC, licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

Name of Child's Physician or Health Clinic		Phone Number
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number	

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, special needs). If nothing applies, please write "None".

Field Trips: I hereby give my permission to UM-Flint ECDC for my child to participate in walking trips in the neighborhood. I understand that separate permission slips must be signed prior to any field trip requiring bus transportation.

LARA is an equal opportunity employer/program. State of Michigan BCAL-3731 (Rev 4-16)	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	Updated 8/16
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Court Orders: Are there any persons excluded by court order from having contact with the child being enrolled? (A copy of the court order may be requested.) _____ Yes _____ No

If yes, please list the name(s) here: _____

Signature of Parent or Guardian	Date
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UM-Flint Early Childhood Development Center Contact and Emergency Information

List the names of adults, 18 years or older, whom you authorize the UM-Flint ECDC to contact in the event of a medical or other emergency if the parents/legal guardians are not available. These persons are authorized to pick up the child at any time, not only in the case of a medical emergency. Please list in order of priority.

1. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

2. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

3. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

4. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

5. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

6. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

7. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

8. Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

Children may not leave school with anyone who is not listed above. The parent should notify the center when someone other than the usual caregiver will pick up the child. Everyone will be asked to show a driver's license or their state identification.

By signing below, you agree that all information is true and correct to your knowledge.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date



**University of Michigan - Flint
Early Childhood Development Center**

Acknowledgement of Health

I/We state that _____, _____
Child's Name Date of Birth
is in good health upon entering the Summer Program at the U of M-Flint Early Childhood
Development Center.

Please list any health/activity restrictions: _____

Please list any allergies: _____

Please list any prescribed medications your child is taking on an ongoing basis: _____

My child's immunizations are current? Yes No

My child's immunization record or appropriate waiver is on file with my child's school.

Yes No

I/We certify that the answers given are true and complete to the best of my/our knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ECDC Representative Signature

Date