

# GHCS Child Information Record

(One Per Child)

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Equivalent to Child Information Record (BCAL-3731 Rev. 6-17)

State of Michigan - Department of Licensing and Regulatory Affairs – Child Care Licensing

**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.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
			Zip Code	
Parent/Legal Guardian's Name		Home Phone ( )	Parent/Legal Guardian's Name (Optional)	
			Home Phone ( )	
Home Address (if not child's address)		Cell Phone ( )	Home Address	
			Cell Phone ( )	
City	State	Zip Code	City	State
				Zip Code
Email Address			Email Address	
Employer Name		Work Phone ( )	Employer Name	
			Work Phone ( )	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ( )	
Name of Insurance Company			Insurance Policy, Contract or Group Number(s) (Optional)	
Hospital Preferred for Emergency Treatment (Optional)			List All Known Allergies, Special Needs/Instructions, Restrictions: <input type="checkbox"/> No Known Allergies	
Allergies etc, cont'd				
Allergies etc, cont'd ( <input type="checkbox"/> Additional listed on reverse)				

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child may be released. The second phone number column may be left blank. ( Additional listed on reverse)

1.	( )	( )
2.	( )	( )
3.	( )	( )

**Release of Child Only:** List all other individuals other than parents/guardians to whom the child may be released. ( Additional listed on reverse)

1.	( )	2.	( )
3.	( )	4.	( )

**Parents Are:**  Married  Divorced  Single  Separated  Widowed  **YES Custody agreement on file?** GHCS and Surround Care Staff must have a copy of any  **NO** legal agreement, which limits the release of students to either parent, for it to be enforced.

**Physical Health/Immunizations Parental Acknowledgement:**  
This acknowledges that my child, listed above: Is in good health, His/Her immunizations are current and a **record OR waiver** of immunization is on file at the child's school. Further, any allergies, health restrictions, medication or other special needs are noted above.  
Location of immunization record or waiver:  In school office  In SurroundCare or Preschool file

I give permission to **GHCS Surround Care and/or Young Explorers Pre-School**, licensed by the Department of Licensing & Regulatory Affairs, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

I understand charges for child care and/or tuition for preschool will be assessed regularly. I acknowledge I am responsible for any charges posted to my account, and agree to pay all charges according to GHCS payment policies.

I certify I have accurately completed this form and if anything changes, I will notify the provider by updating this form. Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer / program

AUTHORITY: 1973 PA 116  
COMPLETION: Required  
PENALTY: Rule Violation Citation