

**CHILD INFORMATION CARD**  
Michigan Department of Social Services

Date of Admission	Date of Discharge

**Center/Session**

Name of Child (Last, First, Middle Initial)		Name of Parents		
Allergies, if any		Address (number and Street)		
Child's Date of Birth	Home Phone Number	City	State	Zip Code
1. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number	
Address (Number and Street)		City	State	Zip Code
2. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number	
Address (Number and Street)		City	State	Zip Code

**PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE**

Name		Phone Number		
Address (Number and Street)		City	State	Zip Code

**PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED**

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number

**PERSONS OTHER THAN PARENT BETWEEN THE AGES OF 12 AND 16 TO WHOM CHILD MAY BE RELEASED**

Name	Age	Phone Number	Name	Age	Phone Number
Name	Age	Phone Number	Name	Age	Phone Number

**BABY SITTERS**

Name		Phone Number		
Address (Number and Street)		City	State	Zip Code

*SIGNATURE OF PARENT/GUARDIAN* \_\_\_\_\_

*DATE* \_\_\_\_\_

I hereby give permission to Child Development Services of Ottawa County, INC. licensed by the department of Social Services to secure emergency medical and/or dental and/or emergency surgical treatment for the above named minor child while in care.

*SIGNATURE OF PARENT/GUARDIAN* \_\_\_\_\_

*DATE* \_\_\_\_\_

Non-emergency medical treatment or elective surgery is not included in this authorization.

Name of child's Physician or Health Clinic	Hours	Phone Number	
Address (Number and Street)	City	State	Zip Code
Hospital Preferred for Emergency Treatment	Health Insurance Identification Information		

I hereby give my permission to Child Development Services of Ottawa County, INC. for my child to be transported in a vehicle and/or participate in field trips.

*SIGNATURE OF PARENT/GUARDIAN* \_\_\_\_\_

*DATE* \_\_\_\_\_