Family Record, Child Tab- More, Information Record- PDF

Last Modified on 03/14/2018 9:18 am EDT

Information Record cards are typically state or site defined forms, when selected mapped data for the selected child will print on the form.

From the family record, selecct the Children tab. Then select the More drop down box and select Information Record- PDF, if a site has site specific forms mapped Information Record 1, 2, 3 etc will display below.

Once the PDF has been downloaded and saved, the file will open and will display required child informtion.

CHILD INFORMATION RECORD

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 responses.

For Provider Use Only:	Date of Admission		Date of Discharge			

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Beanstalk Jack				09/27/2011

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
Gass, Kristina	(24884119401018	Beanstalk, Guardian 2	

Home Address (if not child's address)	Cell Phone	Home Address (if not child's address)	Cell Phone
	(24884119401018		

City	State	Zip Code	City	State	Zip Code
Rochester Hills	MI	48307		--	

Email Address (optional)	Email Address
Kgass@cirrusgroup.com	

Employer Name	Work Phone	Employer Name	Work Phone
	24884119401018		(

Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number
	( )

Hospital Preferred for Emergency Treatment (optional)

Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)
, N/A

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.   **See Reverse Side**

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 can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.			
2.			
3.			

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

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

Parent/Legal Guardian Initials:

_____ I give permission to DCW Transactional- Center 1 _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.

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

Signature of Parent or Guardian _____   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

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The state that displays as a default will be associated to the state selected on the setup > system config, General Config screen under the Miscellaneous tab-

Statement	Daycare Works Family	Integration - Gateway/OCN	**Miscellaneous**	Registration

Miscellaneous Configuration

State Information Card:	MI Michigan ▾
Page Information Card:	⦿ Yes ◯ No
Time Zone:	Eastern Standard Time ▾