

Date of Admission	Date of Discharge	ID Number	<b>CHILD INFORMATION RECORD</b>		
-------------------	-------------------	-----------	---------------------------------	--	--

<b>Family's email address:</b>				
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

Mother/Legal Guardian's Name:		Home Phone # if different	Father/Legal Guardian's Name:		Home Phone # if different
Home Address:			Home Address:		
City	State	Zip Code	City	State	Zip Code
Employer / School Name			Employer / School Name		
Address (Employer / School)			Address (Employer / School Address)		
City	State	Zip Code	City	State	Zip Code
Employer / School Phone		Hours of Employment / School	Employer / School Phone:		Hours of Employment / School

Name(s) of Local Person(s) to be notified in an Emergency When Parent is not Available:	COMPLETE Address of Local Emergency Contact Person:	Phone Numbers:	In case I am unable to be reached, my child may be released from the center to this person
		HOME: WORK:	Cell:
		HOME: WORK:	Cell:
		HOME: WORK:	Cell:
		HOME: WORK:	Cell:
		HOME: WORK:	Cell:

--	--

Name of Child's Dentist:	Dentist Address:	Dentist Phone Number:
Name of Child's Physician or Health Clinic:	Physician or Health Clinic Address:	Physician Phone Number:
Hospital Preferred for Emergency Treatment:		Health Insurance Name and Policy Numbers:
Allergies, If Any:		Date of Last Tetanus Shot:

I give permission to the employees of The Warbler's Nest, licensed by the Department of Human Services, Bureau of Children and Adult Licensing to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.		
Signature of Parent or Guardian	Date Signed	AUTHORITY: Act 116 of P.A. 1973. COMPLETION: Required. PENALTY: Rule Violation Citation.

<b>Field Trip:</b> I hereby give my permission to: ___ The Warbler's Nest for my child to be transported in a vehicle and/or participate in fieldtrips.	
Signature of Parent or Guardian	Date Signed

The Department of Human Services, Bureau of Children and Adult Licensing will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. **Rev 1/11**