

WSCS Little Sprouts Individual Child Information Record

(One Per Child)

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Equivalent to Child Information Record (BCAL-3731)

State of Michigan Department of Human Services – Bureau of Children and Adult 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.

For Provider Use Only:		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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home 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)		
Hospital Preferred for Emergency Treatment			Allergies(food, medicine, other), Health Restrictions, Medication, Special Needs/Instructions		
Allergies (food, medicine, other), Health Restrictions, Medication, Special Needs/Instructions, cont'd.					
Allergies (food, medicine, other), Health Restrictions, Medication, Special Needs/Instructions, cont'd. (Attach additional sheets if necessary).					
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. (If more individuals, attach additional sheets.)					
1.		()			()
2.		()			()
3.		()			()
Release of Child Only: List all other individuals to whom the child may be released. (If more individuals, attach additional sheets.)					
1.		()	2.		()
3.		()	4.		()
Parents Are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> YES Custody agreement on file? Little Sprouts must have a copy of any legal agreement, which limits the release of students to either parent, for it to be enforced. <input type="checkbox"/> NO					
Physical Health/Immunizations Parental Acknowledgement for School-Aged Programs: 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.					
I give permission to WSCS Little Sprouts Childcare , licensed by the Department of Human Services, to secure <u>emergency</u> medical and/or emergency surgical treatment for the above named minor child while in care.					
I (We) have read, fully understand, and agree with the above information and statements. <input type="checkbox"/> Check to sign electronically. Name:				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
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.				AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation	

