

Date of Admission		Date of Discharge		CHILD INFORMATION RECORD Michigan Department of Consumer & Industry Services			
Name of Child's Last, First, Middle Initials				Address (Number & Street, Building, Apartment Number)			
Child's Date of Birth		Home Phone Number		City		State	Zip Code
Father/Legal Guardian Name				Mother/Legal Guardian Name			
Home Address (If not child's address)				Home Address (If not child's address)			
City		State	Zip Code	City		State	Zip Code
Employer/School Name				Employer/School Name			
Address (Employer/School)				Address (Employer/School)			
City		State	Zip Code	City		State	Zip Code
Employer/School Phone		Hours of Employment/School		Employer/School Phone		Hours of Employment/School	
Name of Person to be Notified in an Emergency When Parent is not Available				Address of Emergency Person			
Home Phone		Work Phone		City		State	Zip Code
Name of Person Other Than Parent or Legal Guardian to Whom Child May be Released							

I give permission to CAMP RAKAS-Lithuanian Scout Assn. , licensed by the Department of Consumer and Industry Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.				
X		Signature of Parent or Guardian	Date Signed	AUTHORITY: Act 116 of P.A. 1973 COMPLETION: Required PENALTY: Rule Violation Citation
Space for Notarization (if required by Local Medical Facility)				
Name and Address of Child's Physician or Health Clinic				Phone Number
Hospital Preferred for Emergency Treatment			Health Insurance Policy Name and Number	
Allergies. If Any			Date of Last Tetanus Shot	
FIELD TRIP: I hereby give my permission to CAMP RAKAS-Lithuanian Scout Assn. for my child to be transported in a vehicle and/or participate in field trips.				
X		Signature of Parent or Guardian	Date Signed	
The Department of Consumer & Industry Services 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 help reading, writing, hearing, etc. under the Americans with Disabilities Act, you are invited to make your needs known to a DCIS office in your county.				

BRS-3731

Name of Child's Last, First Middle Initials			
I hereby give permission to the children's camp named below, which is licensed by the Department of Consumer and Industry Services, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.			
X		Parent or Guardian's Signature	Date of Signature
Camp Name (Print or Stamp)			
CAMP RAKAS-Lithuanian Scout Assn.			

BRS-3978-W