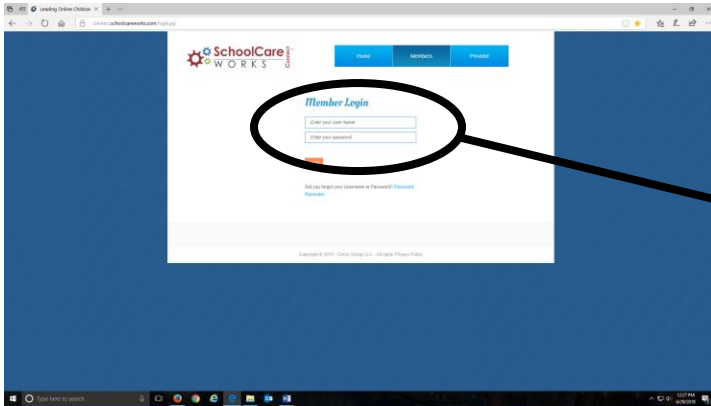
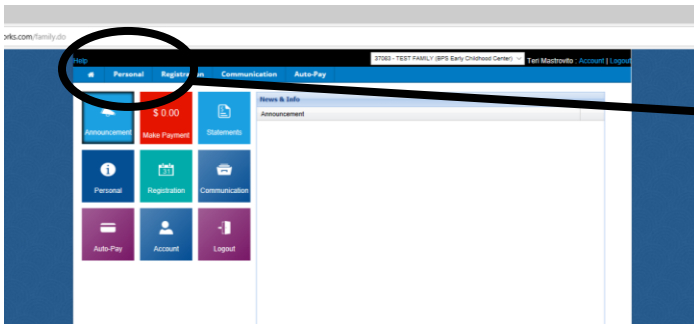


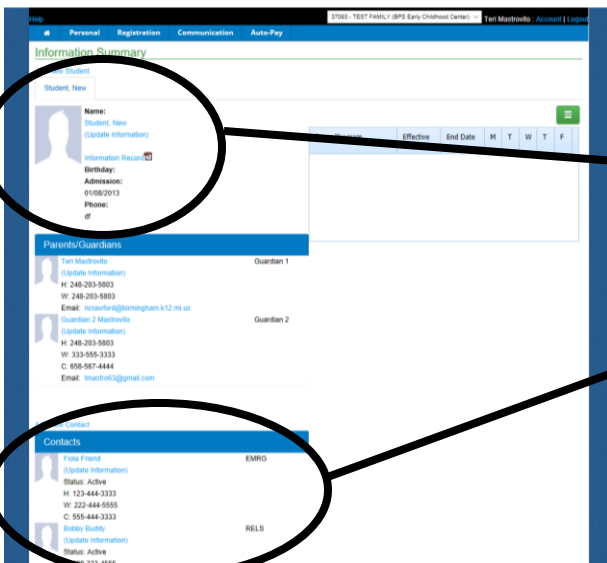
How to print your Child's Emergency Card



Login to your SchoolCare Works Account using the User Name and Password you set up at registration.

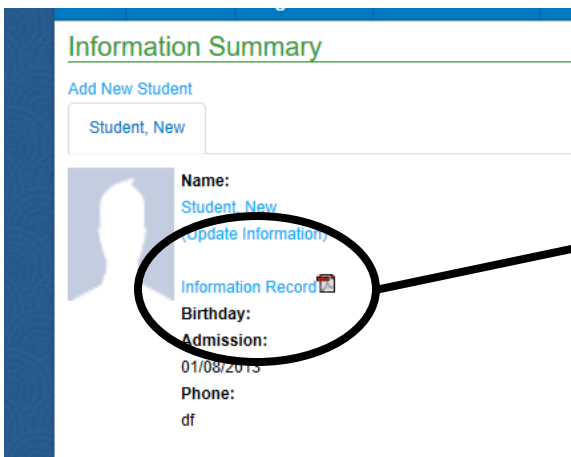


Click on the **Personal** tab.



To update doctor information click on child's name. Type information in boxes on right which are white.

To add emergency contacts click on **Add New Contact**. You will be able to designate an emergency contact as well as a release contact (which is someone else who is allowed to pick your child up.) in this section.



Click on Information Record next to your child's name.

How to print your Child's Emergency Card

CHILD INFORMATION RECORD
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 responses.

For Provider Use Only:		Date of Admission 01/08/2013	Date of Discharge	
Name of Child (Last, First, Middle Initial) df df			Child's Date of Birth df	
Address (Number and Street, Building/Apartment Number) df			City Ed	State Ed
Zip Code df			Home Phone df	
Father/Legal Guardian's Name Mastrovito, Guardian 2		Home Phone (49)-203-5903	Mother/Legal Guardian's Name Mastrovito, Teri	
Home Address (if not child's address) 2121 Midvale Road		Cell Phone (658)-567-4444	Home Address (if not child's address) 2121 Midvale Road	
City Birmingham		State MI	Zip Code 48009	City Birmingham
State MI		Zip Code 48009	State MI	
Email Address (optional) tmastro63@gmail.com		Email Address (optional) tm06bps@birmingham.k12.mi.us		
Employer Name The Ritz Place		Work Phone (333)-555-3333	Employer Name The Ritz Place	
Work Phone (333)-555-3333		Physician's or Health Clinic's Phone Number (Eds)		
Name of Child's Physician or Health Clinic sdf				
Hospital Preferred for Emergency Treatment (optional) Ed				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary) fda				
<small>BCAL-3731 (Rev 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13. See Reverse Side.</small>				
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.	Fiola Friend	555-444-3333	123-456-7890	
2.	Bobby Buddy	342-566-7543	999-333-4555	
3.	Regular Joe	545-333-2232	321-765-4453	
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.	Fiola Friend	123-444-3333	2.	Bobby Buddy
3.	Regular Joe	321-765-4453	4.	
I give permission to _____, licensed by the Department of Human Services (Provider's Name) 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 _____				
Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed
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.
<small>BCAL-3731 (Rev 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.</small>				

A PDF of the emergency card comes up.

Steps for you:

1. Print out
2. Fill out any missing information
3. Enter **BPS ECC** in the "I give permission to" section
4. Sign and date towards the bottom of the page.
5. Send in with the rest of your forms.