

## e-CYREN Documents

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Within e-CYREN, two reports can be generated for a selected family member from the Documents section using the data entered by the Primary Member. They are as follows:

- Information Form
- Child Information Record – Michigan

### **Information Form**

This PDF Information Form contains data entered in e-CYREN, which produces three or more pages, depending on the amount of information provided. Photos of the selected family member and their emergency contacts are included along with general, demographic, medical history and family reunification locations.

Use this Information Form to communicate medical history with your doctor or to organize and list the medications, medical supplies, and emergency contacts of an elderly relative. In an emergency this information would be vital for quick and accurate family reunification.

### **Child Information Form - Michigan (OCAL-3731)**

For families with children in a Michigan school or day care center, this form can be used to communicate a child's contact and medical information to his/her school or day care center. Instead of completing this form manually, the data is entered once and can be printed as needed.

In order to generate a completed form, the following information must be provided:

- Parent(s)/guardian
- Demographics (e.g. name, address, birth date)
- Medical Information
- Physician
- Preferred hospital
- Emergency Contacts

Other states will be added in the future. If you are interested in having a form included for your state or agency, please contact us at [info@ecyren.com](mailto:info@ecyren.com)

**CHILD INFORMATION RECORD  
STATE OF MICHIGAN**  
Department of Human Services  
Office of Children and Adult Licensing

Date of Admission	Allergies Hay fever, Animals
Date of Discharge	

Name of Child(Last, First, Middle Initial) Jennings, Lindsey, J	Address(Number and Street, Building/Apartment Number) 311 Pittsburg Rd
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Child's Date of Birth 10/13/2006	Home Phone 313-555-7651	City Detroit	State MI	Zip Code 48222
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Father/Legal Guardian's Name John Jennings	Home Phone 313-555-7651	Mother/Legal Guardian's Name Salley Z Jennings	Home Phone 313-555-7651
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Home Address (if not child's address) 311 Pittsburg Rd	Cell Phone	Home Address (if not child's address) 311 Pittsburg Rd	Cell Phone 313-555-2222
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City Detroit	State MI	Zip Code 48222	City Detroit	State MI	Zip Code 48222
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Employer/School Name Automotive USA	Employer/School Name CYJ Enterprises, LLC
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Address (Employer/School) 123 GM-Ford Ave	Address (Employer/School) 440 Burroughs
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City Detroit	State MI	Zip Code 48222	City Detroit	State MI	Zip Code 48202
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Employer/School Phone 313-555-1238	Daily Work/School Times 6 am to 4pm Monday-Thursday	Employer/School Phone 800-541-1974	Daily Work/School Times 8 to 5 pm Monday - Friday
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Name(s) of Person other than Parent or Legal Guardian to whom child may be released  Janice Jones , William B Clinton
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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
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Name of Child's Physician or Health Clinic Dr. Howard W Bonnerman	Physician's or Health Clinic's Phone Number 248-555-9876
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Address of Child's Physician or Health Clinic 345 Madison Ave, Troy , MI 48209	Name of Health Insurance Carrier Blue Care Network (HMO)
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Hospital Preferred for Emergency Treatment Children's Hospital of Michigan	Health Insurance Policy Number 12345-XXX-87654
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Special Needs: None	Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot 6/28/2007
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Name of Local Person to be Notified in an Emergency When Parents Not Available Janice Jones	Local Address of Emergency Person 9879 Other Street
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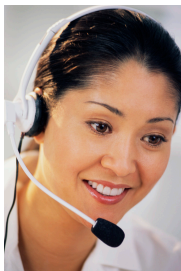
Home and/or Cell Phone 313-555-2341 313-555-1234	Work Number	City, State Livonia, MI	Zip Code 48909
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Special Instructions:

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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.	<b>AUTHORITY:</b> Act 116 of P.A. 1973 <b>COMPLETION:</b> Required <b>PENALTY:</b> Rule Violation Citation.
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GENERAL				
	<b>Date of Birth:</b> 10/13/2006	<b>Gender:</b> Female		
	<b>Ethnic Origin:</b> Multi Racial / Other			
	<b>Height:</b> 3 feet 2 inches	<b>Weight:</b> 30 lbs		
	<b>Eye Color:</b> Brown	<b>Hair Color:</b> Brunette		
	<b>Address:</b> 311 Pittsburg Rd			
	<b>City:</b> Detroit	<b>State:</b> MI	<b>Zip:</b> 48222	<b>Country:</b> US
	<b>Primary Phone:</b> 313-555-7651	<b>Type:</b> Home		
	<b>Secondary Phone:</b>	<b>Type:</b>		
	<b>Other Phone:</b>	<b>Type:</b>		
	<b>Email Address:</b>			
	<b>Name of Work/School:</b>			
	<b>Address:</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Country:</b> US

EMERGENCY CONTACTS				
 <b>Primary</b>	<b>Name:</b> Mrs. Salley Z Jennings			
	<b>Primary Phone:</b> 313-555-7651	<b>Type:</b> Home		
	<b>Secondary Phone:</b> 313-555-2222	<b>Type:</b> Mobile		
	<b>Other Phone:</b>	<b>Type:</b>		
	<b>Address:</b> 311 Pittsburg Rd			
	<b>City:</b> Detroit	<b>State:</b> MI	<b>Zip:</b> 48222	<b>Country:</b> US
	<b>Email Address:</b> cayjohnsongolf@yahoo.com			
	<b>Relationship:</b> Mother / Guardian			
 <b>Secondary</b>	<b>Name:</b> Mr. John Jennings			
	<b>Primary Phone:</b> 313-555-7651	<b>Type:</b> Home		
	<b>Secondary Phone:</b>	<b>Type:</b>		
	<b>Other Phone:</b>	<b>Type:</b>		
	<b>Address:</b> 311 Pittsburg Rd			
	<b>City:</b> Detroit	<b>State:</b> MI	<b>Zip:</b> 48222	<b>Country:</b> US
	<b>Email Address:</b>			
	<b>Relationship:</b> Father / Guardian			

 <b>Other</b>	<b>Name:</b> Doctor Janice Jones			
	<b>Primary Phone:</b> 313-555-1234	<b>Type:</b> Mobile		
	<b>Secondary Phone:</b> 313-555-2341	<b>Type:</b> Home		
	<b>Other Phone:</b>	<b>Type:</b>		
	<b>Address:</b> 9879 Other Street			
	<b>City:</b> Livonia	<b>State:</b> MI	<b>Zip:</b> 48909	<b>Country:</b> US
	<b>Email Address:</b>			
<b>Relationship:</b> Aunt				

INSURANCE			
Health Care Provider	Policy Number / Member ID	Name:(Listed on Card)	Phone Number
Blue Care Network (HMO)	12345-XXX-87654	John Jennings	800-555-1234

PHYSICIANS			
<b>Name:</b> Dr. Howard W Bonnerman	<b>Phone:</b> 248-555-9876	<b>Type:</b> Pediatrics & Adolescent Medicine	
<b>Address:</b> 345 Madison Ave			
<b>City:</b> Troy	<b>State:</b> MI	<b>Zip:</b> 48209	
<b>Name:</b> Dr. Sandra O Ogalby	<b>Phone:</b> 313-555-1234	<b>Type:</b> General Practice	
<b>Address:</b> 1234 North 12 Mile			
<b>City:</b> Lindsey	<b>State:</b> MI	<b>Zip:</b> 48208	

MEDICAL INFORMATION			
<b>Disabilities:</b>	None		
<b>Preferred Hospital:</b>	Children's Hospital of Michigan		
<b>Hospital Address:</b>	3901 Beaubien, Detroit,, MI 48000		
<b>Special Needs:</b>	None		
<b>Blood Type:</b>	A Positive		
<b>Hearing:</b>	Good		
<b>Vision:</b>	<input type="checkbox"/> Wears glasses or contacts	<input type="checkbox"/> For reading <input type="checkbox"/> For distance	<input type="checkbox"/> At all times

<b>Allergies:</b>	<input checked="" type="checkbox"/> Animals	<input type="checkbox"/> Pollen(s)	<input type="checkbox"/> Medicines/drugs	<input type="checkbox"/> Plants
	<input checked="" type="checkbox"/> Hay fever	<input type="checkbox"/> Foods	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Others
<b>Allergies Require:</b>	<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Other	
<b>Other Health Conditions or Special Needs:</b>	<input type="checkbox"/> ADHD	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> Autism	<input type="checkbox"/> Behavioral Conditions
	<input type="checkbox"/> Blindness	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Movement Limitations
	<input type="checkbox"/> Other			
<b>Comments:</b>				

PHARMACIES		
<b>Name:</b> Walgreens	<b>Phone:</b> 313-444-1234	
<b>Address:</b> 123 Any Street		
<b>City:</b> Warren	<b>State:</b> MI	<b>Zip:</b>

MEDICATIONS				
Name	Strength	Frequency	Start Date	Reason

IMMUNIZATIONS				
Name	Dose	Date	Source of Information	Comments
Hepatitis B	1	10/13/2006	Self Reported	
Diphtheria, Tetanus, Pertussis (DTaP)	1	12/3/2006	Self Reported	By Dr. Genisis
Hepatitis B	2	12/3/2006	Self Reported	
Diphtheria, Tetanus, Pertussis (DTaP)	2	1/20/2007	Self Reported	By Dr. Felmouris
Hepatitis B	3	3/1/2007	Self Reported	
Diphtheria, Tetanus, Pertussis (DTaP)	3	6/28/2007	Self Reported	Oakland County Health Dept.

<p><b>FAMILY COMMUNICATION &amp; EVACUATION PLAN</b>  <b>(Have at least 1 Out-of-State Contact)</b>  <i>Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations</i></p>
<p><b>First Location</b></p>



**Information For: Lindsey J Jennings      Generated Date: 10/19/2009**

<b>Name:</b> North Location - Grandma Jones		<b>Phone:</b> 789-987-6345	
<b>Address:</b> 22422 Up North Rd			
<b>City:</b> Northern		<b>State:</b> MI	<b>Zip:</b> 58888
<b>Comment:</b>			
<b>Second Location</b>			
<b>Name:</b> Meijer on Rochester Rd		<b>Phone:</b> 248-555-1322	
<b>Address:</b> 30300 Auburn			
<b>City:</b> Rochester Hills		<b>State:</b> MI	<b>Zip:</b> 48301
<b>Comment:</b> Meet in the lobby or in the parking lot under Row S (If weather permitting)			
<b>Third Location</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Comment:</b>			
<b>Fourth Location</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Comment:</b>			

Keep this information current and update often.