

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

Yes No I authorize the center to apply sunscreen to my child. Yes No I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
Yes No I authorize the center to apply repellent to my child. Yes No I authorize the center to allow my child to self-apply repellent.	Brand Name	Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1.	Check any special medical condition that your child may have.		
	No specific medical condition		
	Asthma	Diabetes	Gastrointestinal or feeding concerns including special diet and supplements
	Cerebral palsy / motor disorder	Epilepsy / seizure disorder	Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
	Other condition(s) requiring special care – Specify.		

		Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
		Food allergies – Specify food(s).
		Non-food allergies – Specify.

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2. Triggers that may cause problems – Specify.
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3. Signs or symptoms to watch for – Specify.
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4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.
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5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.
- a.
 - b.
 - c.
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6. When to call parents regarding symptoms or failure to respond to treatment.
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7. When to consider that the condition requires emergency medical care or reassessment.
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8. Additional information that may be helpful to the child care provider.
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SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____