



HEALTH HISTORY AND EMERGENCY CARE PLAN



Use of form: This form is required for family and group child care centers to comply with HFS 45.04(6)(a)1. and HFS 46.04(6)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by day camps to ensure compliance with HFS 55.44(6)(g). Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. A review by parents / guardians and staff should occur at least every six months or when needed. This form must remain with the child during the hours the child is present in the child care center if the child has any special health care needs.

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
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PHYSICIAN / MEDICAL FACILITY INFORMATION

Name - Physician	Address - Medical Facility	Telephone Number
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- Check any special medical condition that your child may have.
 - No specific medical condition
 - Asthma Diabetes Epilepsy / seizure disorder Gastrointestinal or feeding concerns including special diet and supplements
 - Cerebral palsy / motor disorder Emotional / behavior disorder including ADD or ADHD
 - Other condition(s) requiring special care - Specify.

 - Food allergies - Specify food(s).
 - Non-food allergies - Specify.

2. Triggers that may cause problems - Specify.

3. Signs or symptoms to watch for - Specify.

4. Steps the child care provider should follow. If medications are necessary, a copy of the CFS-59 Authorization to Administer Medication should be attached to this form. (Note: Group Child Care Centers and Day Camps may use their own form.) Indicate any child care staff who have received specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

SIGNATURE - Parent or Guardian	Date Signed
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PERSONS OTHER THAN PARENTS / GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD - Provide information requested for each person. If no one, write "None."					
Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is in Care	Telephone No.

EMERGENCY CONTACT - Provide information for the person to contact when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is in Care	Telephone No.

AUTHORIZATION

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes No I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking
- Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE - Parent or Guardian	Date Signed
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Review dates: _____