

## 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., 45.07(6)(L)5., 46.07(6)(k)5., and 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 periodic review by parents / guardians and staff is recommended. Information contained on the form shall be shared with any person caring for the child.

**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 |
|------------------|----------------------------|------------------|

1. 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.

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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.

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

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

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

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**SIGNATURE** – Parent or Guardian

Date Signed

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**Review dates:** \_\_\_\_\_