HEALTH HISTORY AND EMERGENCY CARE PLAN

Child ID | | | | | |

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. This form serves as emergency information to be carried with the counselors while off base camp premises. This form is required to be completed in its entirety to comply with Wisconsin DCF regulations however, shaded areas are optional.

CHILD INFORMATION

Name (Last, First, Middle)	Address – Home (Street, City, State, Zip Code)	Gender ☐ Male ☐ Female
Telephone Number	Birth Date (mm/dd/yyyy)	Family Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Guardian ☐ Other___________

PARENT / GUARDIAN INFORMATION

provide all information regarding how the parent can be reached ***while the child is in care***.

Parent/Guardian Name Employer Name Employer Address	Telephone Number - Cellular	Telephone Number - Work	Home Phone or Email
Parent/Guardian Name Employer Name Employer Address	Telephone Number - Cellular	Telephone Number - Work	Home Phone or Email

EMERGENCY CONTACT / AUTHORIZED ESCORT INFORMATION

(other than parent/guardian)

Name Address Relationship to child ☐ Authorized Escort ☐ Emergency Contact	Telephone Number - Cellular	Telephone Number - Work	Telephone Number - Home
Name Address Relationship to child ☐ Authorized Escort ☐ Emergency Contact	Telephone Number - Cellular	Telephone Number - Work	Telephone Number - Home

DENTAL/PHYSICIAN / MEDICAL FACILITY INFORMATION

Name –Primary Physician	Address – Medical Facility	Telephone Number
Name – Dentist	Address	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION ~ Quad Care uses Up&Up, Equate &/or Walgreens 30+ SPF Sunscreen

☐ I choose to use my own supply and will provide the following repellent for my child.
List brand name & Active Ingredient Strength:

☐ My child will use sunscreen supplied by Quad Care
☐ My child has a sunscreen allergy and will not use sunscreen
☐ I choose to use my own supply and will provide the following sunscreen for my child.
List brand name & SPF Strength:

FIELD TRIP AUTHORIZATION: ☐ Yes ☐ No ~ I give permission for my child to participate on walks and/or be transported for fieldtrips/activities.

HEALTH HISTORY AND EMERGENCY CARE PLAN… page 2 - If available, attach any health care plan information from the child's physician, therapists, 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 Cognitive Disabilities (LD, ADD, ODD, ADHD, Autism etc ~ Please specify)

   □ 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 foods / beverages

   □ Non-food allergies – Specify

2. Please list triggers that may cause problems. - Specify problem and triggers.

3. Please list signs & symptoms to watch for – Specify problem and signs/symptoms.

4. Please list the steps the child care provider should follow.

5. Identify any child care staff persons to whom you have given specialized instructions to help treat symptoms.

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

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

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

If there should happen to be a medical emergency concerning my child's well-being as the result of illness or an accident, I give my permission to have my child transported and treated at the nearest medical facility for emergency medical treatment. I understand that I will be financially responsible for expenses not covered by my insurance provider.

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Signature – Parent / Guardian **Date Signed (mm/dd/yyyy)**

Initials of Reviewer and date of review: ____________________