DEPARTMENT OF CHILDREN AND FAMILIES

Division of Early Care and Education DCF-F (CFS-2345) (R. 03/2009)

STATE OF WISCONSIN Page 1 of 2

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					1,000		
Name (Last, First, MI)	Address	Address - Home (Street, City, State, Zip Code)					
Telephone Number Birthda		ate (mm/dd/yyyy)		Date – First Day of Attendance (mm/dd/yyyy)			
PARENT / GUARDIAN INFORMATION Provide	de information where the parent(s) /	guardian(s) may be reach	ned while the child is in	care			
Name		Telephone Number – Home Telephone Number				one Number – Cellular	
Name	Telepho	one Number – Home	Telephone Number – Work		Telephone Number – Cellular		
PHYSICIAN / MEDICAL FACILITY INFORMATI	ION						
		Address – Medical Facility				Telephone Number	
т при	a expense in verticus to a resultain						
SUNSCREEN / INSECT REPELLENT AUTHOR authorizations shall be reviewed every 6 months	RIZATION If provided by the parent,	the sunscreen or insect to	repellent shall be labele	d with the child	s name. Pe	r DCF 251.07(6)(f)2.,	
Yes No I authorize the center to apply s	Brand Name		Ingredient Strength				
Yes No I authorize the center to allow n					ū		
Yes No I authorize the center to apply r	Brand Name			Ingredie	Ingredient Strength		
Yes No I authorize the center to allow n							
HEALTH HISTORY AND EMERGENCY CARE		h care plan information fro	om the child's physician	, therapist, etc.			
 Check any special medical condition that y No specific medical condition 	our child may have.						
No specific medical condition Asthma	☐ Diabetes	Control of the	tion or fooding concern	aa inaludina an		njanjico avionig pa	
Cerebral palsy / motor disorder				 ☐ Gastrointestinal or feeding concerns including special diet and supplements ☐ 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 m	nilk, attach a statement from the med	dical professional indicatin	g the acceptable altern	ative.			
Food allergies – Specify food(s).							
Non-food allergies – Specify.							

2.	Triggers that may cause problems – Specify.				
3.	Signs or symptoms to watch for – Specify.				
	Carebral paint (motor distrator — Entertry (as to an distrator — — Any disconting producting produ				
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.				
5.	Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.				
	a.				
	eap. The Taumerica the center to apply authorisen to rey child. Shand Name				
	C.				
		Pier mileta marra. Per DCF 254 D749419			
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.				
	The state of the s				
8.	Additional information that may be helpful to the child care provider.				
	e (Lest, Print, Nt) Addiese - Home (Bleet, City, State, Zio Code)				
SIG	GNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)			
CARRY I	ent penem careginal malansa. The christingal recommends that parents / guardians and califer staff penodically seview and update	the Information provided on this form.			
	nactions: The parent/puartian should complete dua form for afocament is the stillers the refer to the delicte first deviate of electronics. A				
sug	DCF 202.44(3)(g) of the Misconain Administrative Cortos. Pallage to comply and result in idealance of a honormalismos editorion. Pro-				
Re	view dates: = = =	MAN OF BOOK ONLY OF THE PARTY O			