STATE OF WISCONSIN Page 1 of 2

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

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	dress – Home (Street, City, State, Zip Code)						
Telephone Number	Birthdate	date (mm/dd/yyyy)		Date – First Day of Attendance (mm/dd/yyyy)		nce (mm/dd/yyyy)		
PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.								
·		ne Number – Home	Telephone Number – Work		Telephone Number – Cellular			
Name	Telepho	ne Number – Home	Telephone Numb	or — Mork	Telephone Number – Cellular			
Name	Гејерно	ne Number – Home	Telephone Number – Work		releptione Number – Celiulai			
PHYSICIAN / MEDICAL FACILITY INFORMATION								
Name – Physician Addres		s – Medical Facility				Telephone Number		
						DOE 054 07(0)(0)0		
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.		Brand Name			Ingredient Strength			
Yes No I authorize the center to allow my child to self-apply sunscreen.								
Yes No I authorize the center to apply repellent to my child.		Brand Name			Ingredient Strength			
Yes No I authorize the center to allow my child to self-apply repel			- therewist etc					
HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.								
 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.								

DEPARTMENT OF CHILDREN AND FAMILIESDivision of Early Care and Education
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2.	Triggers that may cause problems – Specify.		
3.	Signs or symptoms to watch for – Specify.		
4.	Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form <i>Authorization to Adr</i> attached to this form. Note: group child care centers and day camps may use their own form.	minister Medication should be	
5.	Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.		
	a.		
	b.		
	c.		
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.		
SIG	NATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)	
Review dates:			