

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for day camps and after-school programs.

Instructions: The parent / guardian should complete this form for placement in the child's file. 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 – 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
------------------	----------------------------	------------------

SIGNATURE – Physician	Date Signed (mm/dd/yyyy)
-----------------------	--------------------------

1. Check any special medical condition that your child may have.

- | | | |
|---|--|--|
| ☐ No specific medical condition | ☐ Diabetes | ☐ Gastrointestinal or feeding concerns including special diet and supplements |
| ☐ Asthma | ☐ Epilepsy / seizure disorder | ☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism |
| ☐ Cerebral palsy / motor disorder | | |
| ☐ 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.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow in an emergency.

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

a.

b.

c.

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 (mm/dd/yyyy)

Risk Management
Signature & Date:

Parks and Recreation
Admin. Signature & Date:
