



# Hundred Acre Play Care

## Health History and Emergency Care Plan

### CHILD INFORMATION

Child's Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Primary Home Address	First Day of Attendance

### PARENT OR GUARDIANS CONTACT

Parent/Guardian Name	Home/Cell Phone Number	Work Phone Number
Parent/Guardian Name	Home/Cell Phone Number	Work Phone Number

### MEDICAL CONTACT

Physician & Medical Facility	
Address	Phone Number

### SUNSCREEN & INSECT REPELLENT AUTHORIZATION All sunscreen and insect repellent must be labeled with the child's name.

YES / NO I authorize the center to apply sunscreen to my child.  
 YES / NO I authorize the center to allow my child to self-apply sunscreen.

Sunscreen Brand Name & Ingredient Strength

YES / NO I authorize the center to apply repellent to my child.  
 YES / NO I authorize the center to allow my child to self-apply repellent.

Repellent Brand Name & Ingredient Strength

### HEALTH HISTORY & EMERGENCY CARE PLAN

1. Check any/all special medical conditions that your child may have.

- No specific medical condition
- Asthma
- Cerebral palsy / motor disorder
- Diabetes
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns: including special diet & supplements
- Any disorder including: Cognitively Disabled, LD, ADD, ADHD, Autism
- Other condition (s) requiring special care- Specify:

Milk Allergy- Attach statement from the medical professional indicating the acceptable alternative.

Food Allergies- Specify food (s):

Non-food Allergies- Specify:



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### HEALTH HISTORY & EMERGENCY CARE PLAN CONT.

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2. Triggers that may cause problems- Specify:

[Redacted area for triggers]

3. Signs or symptoms to watch for- Specify:

[Redacted area for signs or symptoms]

4. Steps the child care provider should follow:

[Redacted area for steps to follow]

\* If prescriptions or non-prescription medications are necessary, a copy of the form AUTHORIZATION TO ADMINISTER MEDICATION should be attached to this form.

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

- A.
- B.
- C.

[Redacted area for staff names]

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

[Redacted area for when to call parents]

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

[Redacted area for when to consider emergency care]

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

[Redacted area for additional information]

### SIGNATURE

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[Redacted signature area]

Parent/Guardian Signature & Date

[Redacted signature area]

Parent/Guardian Signature & Date

REVIEW DATES

[Redacted review date]

[Redacted review date]

[Redacted review date]