HOWARDS GROVE ACTIVITY CENTER
435 North Wisconsin Dr.
Howards Grove, WI 53083

HEALTH HISTORY AND EMERGENCY CARE PLAN

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

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Please list any special medical conditions 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.

2. Triggers, symptoms and how to treat - Specify.

SIGNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)