

CHILD HEALTH REPORT – CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.04(6)(a)4, and DCF 251.04(6)(a)8. Failure to comply with these rules 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: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other HealthCheck provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

Yes No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

Please attach a copy of the Immunization Records. Return form to:

Sand Box Child Care & Preschool

664 W Cedar Street

Medford, WI 54451

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other HealthCheck Provider

Date of Examination

Sand Box Release of Information Form

ASPIRUS MEDFORD HOSPITAL & CLINIC,
135 South Gibson St, Medford WI 54451

CHILD NAME:
DATE OF BIRTH:
PARENT NAME:
PHYSICIAN NAME:

(Release permission is only valid at Aspirus)

PLEASE COMPLETE & INCLUDE:

- Child Health Report – Child Care Centers DCF (CFS-0060)
- Child's Immunization Records

RETURN TO:

Sand Box Child Care & Preschool
664 W Cedar St
Medford, WI 54451

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REQUESTED ABOVE. Use of form DCF-F (CFS-0060) CHILD HEALTH REPORT is mandatory to comply with DCF 205.07(6)(L)3 and DCF 251.07(6)(K)3. State law requires all children in childcare centers to present evidence of immunization records within 30 days of admissions.

PRINT NAME: _____ DATE: _____

Parents Signature: _____