**Child Record Checklist – Day Camps for Children**

**Use of form:** Use of this form is voluntary. However, use as a review document by day camps will help ensure compliance with DCF 252. Licensing specialists may also use this form during monitoring visits to document compliance with these rules. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** A check mark indicates the required information is in the child's file. First day of attendance, birthdate, and physical exam date must be entered. If additional space is needed, attach a separate sheet.

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| Name – Day Camp      | Address – (Street, City, Zip Code)      | Facility ID Number      |
| Name – Child | Birthdate(mm/dd/yyyy) | Date – First dayof Attendance (mm/dd/yyyy) | Parent / guardian names and contact information | Child home address and telephone | Emergency contact information | Physician / medical facility | Persons authorized to call for / receive child | Dates of enrolled camp session | Emergency medical care / treatment | Parental authorization for child over 7 to carry bee sting medication, inhaler, insulin syringe, or other medication or device | Parental authorization for camp-provided transportation to and from the camp | Parental authorization for field trip / other off-site activity participation / transportation | Parental authorization for participation in adventure-based activities, if applicable | Parental authorization for participation outlining the plan for alternate arrival or release of the child, if applicable | Health history information per DCF 252.41(4)(a)6. | *Child Care Immunization Record* | Assessment of child’s swimming ability if swimming is included in the program |
| 1.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10.       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SIGNATURE** – Person Completing Form | Date Signed |