

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.

Name – Day Camp		Address – (Street, City, Zip Code)									Facility ID Number						
Name – Child	Birthdate (mm/dd/yyyy)	Date – First day of 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
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SIGNATURE – Person Completing Form												Date Signed					