



Dear parents and caregivers,

Thank you for your interest in the Patient at Risk (PAR) program. In your Enrollment Tool Kit you will find a user guide and sample emergency information form (EIF) to help you get started.

Once you enroll and complete your account set up, we encourage you to share your plan by printing a copy of the EIF you created for your local emergency medical services provider and physician. Review the information with your physician to ensure the health information is accurate and updated accordingly. Give a copy of your EIF, along with the orange envelope from the Tool Kit, to your local emergency medical services provider or fire department. If your local provider is not set up in the PAR program, the orange envelope provides the information they need to enroll.

Your feedback is very important. You will find a PAR enrollment survey in your Tool Kit. Please complete and return your survey with the envelope provided. Your participation will help us improve the program.

Please understand that by enrolling in the PAR program, emergency medical providers may have access to the personal and medical information that you provide about your child. When enrolling, you will be asked to provide an email address to receive email notification if your child's account is accessed.

We appreciate your time and participation. If you have any questions or problems enrolling on the website, please contact me at (414) 337-4572 or via email at [ekane@chw.org](mailto:ekane@chw.org).

Thank you,

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*The Patient at Risk program is an initiative of Children's Health Alliance of Wisconsin and a partnership with American Family Children's Hospital, Children's Hospital of Wisconsin, Gundersen Health System and Wisconsin Department of Health Services Emergency Medical Services for Children.*