



**HEALTH CARE NEEDS:**

*For any child with health care needs such as severe allergies, asthma, diabetes, seizures or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child’s parent or health care professional. Is there a medical action plan attached? \_\_\_ YES \_\_\_ NO*

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_  
\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. \_\_\_\_\_  
\_\_\_\_\_

List any particular fears or unique behavior characteristics the child has. \_\_\_\_\_  
\_\_\_\_\_

List any types of medication taken for health care needs. \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child. \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION**

Name of health care professional \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize COSKids to obtain medical attention for my child in an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to seek emergency transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child’s parent, guardian, or fulltime custodian.

Administrator’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any information concerning your child which will be helpful in his/her experience in group settings, such as any specific likes/dislikes, fears, habits or needs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child enjoy doing when inside? \_\_\_\_\_

What does your child enjoy doing outside? \_\_\_\_\_

Does your child have any special interests or talents? \_\_\_\_\_