

CHILD'S NEEDS

COSKids desires to partner with families to create a successful and enriching afterschool experience. Please provide the following:

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. _____

List any learning differences, academic or behavior challenges for your child. _____

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

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? _____