



**MEDICAL OVERVIEW**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of. An example of allergies would be elimination of peanut butter from the child's daily food menu, or maybe your child cannot drink whole milk or be around cats or dogs.




# Cozy Cubbies Home Childcare

## MEDICAL EMERGENCY TREATMENT

In the event of an emergency when we are not available, we authorize the administration of any medical procedures deemed necessary by our doctor, or if unavailable, by any other physician selected by my caregiver. My be given emergency treatment by a staff member at Cozy Cubbies Home Childcare, I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree Trudy Julius and Cozy Cubbies Home Childcare will not be held accountable.

I hereby give \_\_\_\_\_ permission to administer basic first  
Provider's Name

aid and /or CPR to my child \_\_\_\_\_ and /or to take my  
Child's Name

child \_\_\_\_\_ to a hospital for medical treatment when I cannot be  
Child's Name

reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# Cozy Cubbies Home Childcare

## ADMINISTRATION OF MEDICATION

The administration of prescription drugs is extremely important to your child's health. In the event that I agree to administer prescription drugs, please list below what prescriptions your child is taking, the times that this drug must be administered and the dosage.

Please note that I will not administer drugs that require needles.

Child's Illness	Type / Name of Drug	Times of Day to be Administered

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childcare Provider

\_\_\_\_\_  
Date