

Medical Form

OFFICE USE

Class: _____

Date Joined: _____

Child information

Full Name: _____ Date of birth: _____

Nickname: _____ Gender: _____

Mother's information

Mothers Full Name : _____

Mobile Phone is: _____

Work Phone is: _____

Email is: _____

Father's information

Fathers Full Name : _____

Mobile Phone is: _____

Work Phone is: _____

Email is: _____

Doctors/Physician information

Doctor/Physician Name: _____ Clinic/Hospital: _____

Office /Mobile Number: _____

MEDICAL INFORMATION

Has your child had or suffered from any of the following illnesses/conditions?

ASTHMA	EPILEPSY	HEART CONDITIONS	DIABETES	PNEUMONIA
YES	YES	YES	YES	YES
NO	NO	NO	NO	NO

Does your child have any known allergies?

Does your child have any special dietary requirements?

Does your child have any other medical conditions or receive medical treatment?

Are you child's vaccinations fully up to date?

Is there any other information relating to your child's health that you feel we might need to know?

Parental consent

Consent for the administration of medication:

In the event that my child develops a fever, pain or allergy, LDN nurse or Nursery staff may need to administer medication:

Paracetamol for fever

Y / N

COMMENTS:

Antihistamine for allergy symptoms

Y / N

Arnica gel for mild bruising

Y / N

Fenistil Gel/Calamine Lotion for bites

Y / N

Others:

If my child is unable to use any of these medications, I will contact the Nurse to discuss the use of an alternative.

Consent for basic first aid treatment:

In the unlikely event of an accident or emergency situation, I give permission for the staff of Little Diamond Nursery to administer first aid to my child whilst at Little Diamond Nursery and if necessary transported to the nearest medical clinic or hospital. I understand that all costs for medical treatment including ambulance or transport fees are the responsibility of the parent.

Parent Signature: _____ Date: _____