



Medical Details

Name of child.....D.O.B.....

Doctors name.....

Address.....

.....

Tel No.....

Health visitors name.....

Address.....

.....

Tel No.....

Has he/she any special health problems or allergies which the nursery should be aware of?

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Any special medication/treatment required?

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Immunisation details.....

I hereby give consent to staff to administer sun cream supplied from home to my child when required YES / NO

I hereby consent to my child being administered PRESCRIBED Calpol when required YES / NO

I hereby understand that in the event of my child being prescribed antibiotics they will not be allowed to attend nursery for the first 48 hours YES

I hereby understand that my child cannot be given medication containing aspirin or ibuprofen whilst in nursery unless prescribed by a Doctor YES

My child has an allergy to plasters YES / NO

I hereby give permission for staff to transport my child to hospital in the event of an accident or emergency if the parent/carer cannot be contacted. YES / NO

Signed.....Name.....

Date.....