Little Regent

(For Office Use)

CHD Number	
Start Date	DD / MM / YYYY

Please attach 3 Recent Passport Photograph

MEDICAL FORM

(Please complete in BLOCK CAPITALS)

CHILD'S DETAILS

FIRST NAME		FAMILY NAME	
DATE OF BIRTH DD / MM / YYYY	NATIONALITY	GENDER	M ☐ F ☐

PARENT'S DETAILS

MOTHER	FATHER
FIRST NAME	FIRST NAME
NATIONALITY	NATIONALITY
MOBILE NUMBER	MOBILE NUMBER
EMAIL	EMAIL
EMPLOYER	EMPLOYER
WORK NUMBER	WORK NUMBER

GUARDIAN DETAILS

NAME	MOBILE NUMBER
RELATIONSHIP TO CHILD (AUNT/UNCLE/DRIVER/NANNY, ETC)	

EMERGENCT CONTACT

Who do you want us to contact in an Emergency?	☐ MOTHER ☐ FATHER ☐ OTHER
If other, please give details	
TELEPHONE NUMBER	

MEDICAL/HEALTH INSURENCE

MEDICAL INSURENCE CARD NUMBER	

THE FOLLOWING SHOULD BE ATTACHED WITH THIS MEDICAL FORM

☐ 3 Recent passport size photographs	☐ 1 Photocopy of your child's Passport Copy
☐ 1 Photocopy of your child's Vaccination Paper	☐ Consent Declaration Signed
☐ 1 Photocopy of your child's Medical Insurance	

MEDICAL INFORMATION

	YES	NO		YES	NO
DIABETES			WHOOPING COUGH		
KIDNEY DISEASE			CHICKEN POX		
MOBILITY PROBLEMS			LIVER DISEASE		
HEART DISEASE			EYE PROBLEMS		
LUNG DISEASE			ASTHMA		
DIPHTHERIA			EPILEPSY		
MEASLES			ECZEMA		
MUMPS			BED WETTING		
RUBELLA			OTHER? PLEASE SPECIFY BELOW		

If you answered YES to any of the above, please provide details:

Does your child require regular or long-term medication?
If you answered YES, please provide deta`ils Yes ☐ No ☐

ALLERGIES

Does your child have any of the following?

	YES	NO
Allergies to any foods		
Allergies to any medicine		
llergies to anything else? Please give details		

If you answered YES, you must provide Nursery full details with a Doctor's letter

CONSENT DECLARATION

CHILD'S NAME	PARENT'S NAME

I, named above, hereby give my consent to the administering of basic medical treatment to my child, if necessary, whilst at the Little Regent Nursery in the form of:

	YES	NO
Calpol Infant – in the case of fever and pain		
Fenistil Gel - in the case of insect bites/ stings/ mild allergic reaction		
Calamine Lotion - in the case of itchy rashes/spots		
Plasters/Bandages - in the case of cuts and scrapes		

Any medication of treatment will be reported by a note from the Nurse and any serious illness or injury reported by a telephone call.

PARENT'S SIGNATURE	DATE DD / MM / YYYY

MEDICAL MANDATE

It is very important for us to minimize the spread of preventable illness in children at our Nursery. We therefore advise all parents to refrain from bringing your child to Nursery if they are suffering from the following symptoms:

Diarrhea	Vomiting	Fever	Symptoms of flu or excess coughing

Your child must be symptom free for minimum of 48 hours before you may bring your child back to Nursery. If your child is sent to Nursery unwell you will be contacted immediately to collect them.

I, named above, have read and understood and will abide by the above directive.

PARENT'S SIGNATURE	DATE DD / MM / YYYY

ANY OTHER INFORMATION

If you have any other information you feel you should share with us regarding your child's health, please give details below and if you have other concerns, please discuss this with the Nursery Nurse.