

## **MEDICAL FORM**

Dear Parents,  
Please complete and return it with a copy of your child's vaccination record.

<b>First Name</b>		<b>Family Name</b>	
<b>Male/Female</b>		<b>Date of Birth</b>	
<b>Nationality</b>		<b>Emergency Contact Number</b>	
<b>Name and Contact number for your family doctor</b>			

**Tick the Relevant Illness/Conditions (if your child has/had any of the following illnesses/conditions):**

### **ILLNESS**

Chicken Pox  
Whooping Cough  
German Measles (Rubella)  
Mumps  
Rheumatic Fever  
Scarlet Fever  
Tuberculosis  
Pneumonia  
Malaria  
Meningitis

### **CONDITIONS**

Diabetes  
Epilepsy  
Heart Trouble  
Asthma  
Allergies (specify below)  
Hearing difficulty  
Vision difficulty  
Speech difficulty  
Operations/Surgeries  
Serious Injuries

**Is your child taking any treatment/medication currently?      Yes/No**

**Details:** \_\_\_\_\_

**Is your child under any Psychological/Behavioral supervision?      Yes/No**

**Details:** \_\_\_\_\_

**Is there any history of allergic reaction to any substance for your child?  
(eg: food, medicine, animal) Yes/No**

**Details:** \_\_\_\_\_

As children sometimes become ill at the Nursery with high temperature or colds, etc. We have a small supply of non-prescription medicines available in our Nursery Clinic at all times.

I authorize the Nursery to administer non-prescriptive medicine to my child.

I do not authorize the Nursery to administer non-prescriptive medicine to my child.

**All medications sent to the Nursery by parents needs to be labeled and advised for dosage to the Nurse.**

To prevent the spread of contagious illnesses within the Nursery we would appreciate it if the policy is observed.

**Symptoms requiring the temporary eviction of a child from the nursery setting:**

- Fever- and sore throat, rash, vomiting, earache, irritability, or confusion.
- Diarrhea- runny, watery or bloody stools.
- Vomiting- 2 or more times.
- Body rash with fever.
- Sore throat with fever and swollen glands.
- Severe coughing- child gets blue or red in the face or makes high pitched whooping sound after coughing.
- Eye Discharge- thick mucus or pus draining from the eye.
- Yellowish skin or eyes.
- Child is irritable, continuously crying, or requires more attention than can be provided without affecting the health and safety of the other children.

**I hereby agree to and confirm the above medical information is correct to the best of my knowledge.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_