

## SECTION A | Child Details

First Name	Surname		
Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Family Doctor Name			
Family Doctor Contact Details			
Clinic/Hospital Name and Contact Details			

## SECTION B | Medical Information/History

Details of your child's medical condition and/or illness:

Measles		Infectious Hepatitis		Epilepsy	
German Measles		Poliomyelitis		Heart Condition	
Chicken Pox		Pneumonia		Rheumatism	
Mumps		Malaria		Asthma	
Whooping Cough		Meningitis		Convulsions	
Scarlet Fever		Diabetes Type 1 or 2		Kidney Disease	
Tuberculosis		Hearing Difficulties		Vision Difficulties	
Skin Disorder		Thalassemia		High Blood Pressure	
Anaemia		Haemophilia (Bleeding Tendency)		Typhoid Fever	

## SECTION C | Additional Medical Information

Any Allergic Reactions?	
Any Food Allergies?	
Any regular medication that your child requires? If any, please indicate.	
Previous Surgery?	
Traumas?	Blood Type?

## SECTION D | Psychological or Behavioural Conditions (if any)

## SECTION E | Emergency Consent

I understand that in case of any health concern, I will be contacted immediately to collect my child.

In case of any emergency treatment that is required when my child cannot be collected by me or by the authorised person, I hereby authorise Kids Kare Nursery to take my child to the nearest hospital/medical care/clinic for emergency treatment.

In case of an emergency that requires immediate first aid treatment and hospitalization, I authorise Kids Kare Nursery to call paramedics/ambulance.

I understand that these measures are required for the health benefits of my child and will take full responsibility for all medical associated with emergency treatment.

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

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

## SECTION F | Declaration

The above is a true and accurate statement of my circumstances and I agree to inform the nursery of any changes immediately.

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

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

DATA AND PRIVACY PROTECTION: The information on this form will be held on computer systems and will be used only for the purposes of my child's health monitoring and medical emergency action.