



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.