



Kids Kare Nursery

MEDICAL FORM

Section A – Child Details

First Name	<input type="text"/>	Date of Birth	<input type="text"/>
Surname	<input type="text"/>		
Family doctor name	<input type="text"/>		
Family doctor contact details	<input type="text"/>		
Clinic / Hospital name and contact details	<input type="text"/>		

Section B – Medical information / history

Details of your child's medical conditions / illnesses

Measles	<input type="text"/>	Infectious Hepatitis	<input type="text"/>	Epilepsy	<input type="text"/>
German measles	<input type="text"/>	Poliomyelitis	<input type="text"/>	Heart conditions	<input type="text"/>
Chicken pox	<input type="text"/>	Pneumonia	<input type="text"/>	Rheumatism	<input type="text"/>
Mumps	<input type="text"/>	Malaria	<input type="text"/>	Asthma	<input type="text"/>
Whooping cough	<input type="text"/>	Meningitis	<input type="text"/>	Convulsions	<input type="text"/>
Scarlet fever	<input type="text"/>	Diabetes Type 1 or 2	<input type="text"/>	Kidney disease	<input type="text"/>
Tuberculosis	<input type="text"/>	Hearing difficulties	<input type="text"/>	Vision difficulties	<input type="text"/>
Skin disorder	<input type="text"/>	Thalassemia	<input type="text"/>	High blood pressure	<input type="text"/>
Anaemia	<input type="text"/>	Hemophilia (bleeding tendency)	<input type="text"/>	Typhoid fever	<input type="text"/>

Section E – Additional medical Information



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Section A – Child Details

Any allergic reactions	<input type="text"/>
Any food restrictions	<input type="text"/>
Regular medication that your child requires (If any)	<input type="text"/>
Previous surgery	<input type="text"/>
Traumas	<input type="text"/>
Blood Type	<input type="text"/>

Section C – Psychological or Behavioural Conditions (If any)

Section D – 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 where my child cannot be collected by me or the authorised person, I hereby authorise Kids Kare Nursery to take my child to the nearest hospital / medical centre / clinic for emergency treatment. In case of emergency that requires immediate first aid treatment and hospitalisation 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 expenses associated with emergency treatment.

Signature _____

Date _____

Section E - 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 given 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.