|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Information** | | | | | | | | | |
| Date Completed | | | | | | | | | |
| Child’s Name |  | | Date of Birth | |  | | | | Male / Female |
|  | | | | | | | | | |
| Does your child suffer from: | | | | | | | | | |
|  | | Doctors’ Advice | | Medication | | | | Use demonstrated to staff? | |
| **Asthma**  Yes / No | |  | |  | | | |  | |
| **Eczema**  Yes / No | |  | |  | | | |  | |
| **Allergies**  Yes / No | |  | |  | | | |  | |
| **Other Medical conditions**  Yes / No | |  | |  | | | |  | |
|  | | | | | | | | | |
| What childhood illnesses has your child had? | |  | | | | | | | |
|  | | | | | | | | | |
| Name of Doctor | |  | | | | | | | |
| Doctors Surgery address | |  | | | | Telephone number | | | |
| Name of Health Visitor | |  | | | | | Telephone Number | | |
|  | | | | | | | | | |
| Can your child drink full fat milk Yes / No | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Immunisations | Yes | No |
| 2 months | Diptheria, tetanus, pertussis, polio and Hib |  |  |
| Pneumococcal (PCV), Rotavirus, Men B |  |  |
| 3 months | Diptheria, tetanus, pertussis, polio and Hib |  |  |
| Meningitis C, Rotavirus |  |  |
| 4 months | Diptheria, tetanus, pertussis, polio and Hib |  |  |
| Pneumococcal (PCV) |  |  |
| Meningitis B |  |  |
| 12/13 months | Hib/meningitis C  Measles, Mumps and Rubella (MMR) Pneumococcal (PCV), Meningitis B |  |  |
| Two,Three and Four Years | Children’s Flu Vaccine (annual) |  |  |
|  |  |  |
| Three years four months to 5 years | Diptheria, tetanus, pertussis, polio |  |  |
| Measles, Mumps and Rubella (MMR) |  |  |

### I agree to the application of nappy cream to my child’s nappy area if required.

### Parent’s Name Signed Date

### I agree to the application of sun cream to my child if required.

### Parent’s Name Signed Date

### If I cannot be contacted in the event of an EMERGENCY, I agree to medical treatment.

### Parent’s Name Signed Date

### I understand the requirements regarding lunch boxes and will ensure that an ice pack is included in my child’s lunch box all year round.

### Parent’s Name Signed Date

### DATA PROTECTION

Please note: The Nursery actively encourages the sharing of information with parents/carers in any way that can help us support you and your child.The information that you provide on any form or correspondence will be used solely within the Nursery. We will not disclose any information about you or your child to outside organisations or third parties without your written consent, unless the law requires us to do so. This is accordance with the Data Protection Act 1998.