

Early Learners Medical Information Sheet

Medical Information :

Child's Name:.....

Date of Birth:

Allergies:.....

Special dietary requirements (also please specify if your child is a vegetarian).....

Medical Condition:

Has your child suffered from any of the following: (Please circle)

Measles Mumps Chicken pox Asthma Febrile convulsions Sickle cell Anaemia

Other (please give details).....

Permission for medication:

I give permission for: (please circle)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--------|
| <input type="radio"/> Antiseptic cream to be applied to a cut/graze if necessary | YES/NO |
| <input type="radio"/> Fenistil Antihistamine gel to be applied to an insect bite or small irritation | YES/NO |
| <input type="radio"/> Calpol Infant Paracetamol (5-10 ml) to be given for pain or fever whilst waiting for parent to collect | YES/NO |
| <input type="radio"/> Arnica to be applied on a bruise if necessary | YES/NO |

Parent's Signature : Date :

For Office Use

Illnesses/ Incidents during the nursery year

- 1.....
- 2.....
- 3.....

For Office use
Name :
Class: