



MEDICAL FORM

Basic Information

Child's Full Name :	
Child's Date of Birth :	Gender :
Parent's name – Mother :	Father :
Parent's contact – Mother :	Father :
Emergency Contact person:	Contact no. :
Child's Doctor – Name :	Clinic :
Child's Doctor – Telephone :	

Medical History

Which illnesses has your child suffered from in the past :

Any special medical condition of the child which is important for us to know :

Vaccinations

Has your child received the following vaccinations? If yes, kindly insert date.

DPT1	DPT2	DPT3
BCG, Tuberculosis	Hepatitis A	Hepatitis B
Polio	MMR	Chicken Pox

Other Information

Do you have concern over your child's -

Vision	Hearing	Speech/Language
Respiration	Learning difficulty	Behaviour
Co-ordination	Movement	Toileting

Other information on above :

Does your child have any of following - kindly give details

Food / other allergies :
Any chronic illness :
Regular medication :

Children have a low resistance to infection. If your child is ill, he/she should not attend the nursery until fully clear of illness/infection. If called to collect your child, please endeavour to be at the nursery within one hour. Parents must not hold the nursery liable and must bear all costs in the event of an emergency whereby we are unable to reach the parent and confirm the course of action.

Parent's Name :

Parent's Signature :

Date :