



MEDICAL FORM

VACCINATIONS TAKEN BY CHILD

Kindly inform if child has received any of following vaccinations – if yes, kindly insert dates:

DPT 1:	DPT 2:
BCG, Tuberculosis:	DPT 3:
Polio:	Hepatitis A:
Flu vaccine:	MMR:
Covid 19 vaccinations date and brand name:	Prevenar:
Hepatitis B:	Chicken Pox:
Meningitis vaccine:	

MEDICAL HISTORY

Which illnesses has child suffered from in the past:

Do you have any concerns about child's:

Vision:	Hearing:
Respiration:	Learning difficulty:
Coordination:	Movement:
Food /other allergies:	Speech:
Any chronic illness:	Behaviour:
Regular medication:	Toileting:
Any special condition of the child which is important for us to know:	
Child's Doctor name :	Contact:

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 nursery within one hour. Parents must not hold the nursery liable and must bear all costs in event of emergency whereby we are unable to reach the parent and confirm the course of action.

Parent name:

Signature:

Date: