

Medical Form

Child's name:	Date of birth:
Doctor's surgery:	
Doctor's telephone number :	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medication taken for their condition: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)	
Does your child have any dietary requirements?	
Parent/Carer emergency contact telephone numbers:	

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed : _____ Print name : _____

Date: _____