

**HEALTH FORM**

Child's name:.....

Date of birth: ..... M/F: .....

Doctor's name: ..... Tel:.....

Doctor's address: .....

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Vaccinations: 1..... Date: .....

2 ..... Date: .....

3 ..... Date: .....

4 ..... Date: .....

5 ..... Date: .....

Conditions requiring special attention: (**eg: allergies**, asthma, eczema).....

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Foods to be avoided: .....

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In the case of an emergency requiring hospital attendance, every reasonable effort will be made to contact the parents.

“I understand, and agree, that should my child require emergency medical attention, or treatment, at a hospital during nursery hours, the nursery may take, or accompany my child in an ambulance to a hospital. I authorise on my behalf such emergency medical procedure, including the administration of anaesthetic, as the hospital staff recommend, after which the hospital will be deemed, by the nursery and parents, to be held fully liable for any treatment given. I also give permission for my child to be given first aid by nursery staff should the need arise.”

Mother's signature: ..... Date: .....

Father's signature: ..... Date: .....