Alphabet Street Nursery
Where learning begins

PHOTO

Medical Form

Childs Name: _____

Date of birth: _____   Gender: F   M

Mom's Mobile _____   Dad's Mobile _____

Family Doctor _____   Doctor's Tel. _____

Allergies: _____

Please give the dates, if your child suffered any of the following illnesses:

Chicken Pox	Y / N	_____	Dysentery	Y / N	_____
Measles	Y / N	_____	Whopping cough	Y / N	_____
Rubella	Y / N	_____	Diphtheria	Y / N	_____
Scarlet Fever	Y / N	_____	Hepatitis	Y / N	_____
Mumps	Y / N	_____	Typhoid Fever	Y / N	_____
Tuberculosis	Y / N	_____	Chronic illness	Y / N	_____

Any important information relating to your child's health that you feel we might need to know?

Has your child been assessed by a specialist such as an occupational therapist, speech therapist etc.

Child's Present Medical History

Thalassemia	Y / N	Epilepsy	Y / N	Bone/Joint Injury	Y / N
Rheumatic Fever	Y / N	Hearing Problems	Y / N	Concussion	Y / N
Vision Problems	Y / N	Bleeding Tendency	Y / N	Hernia	Y / N
Asthma	Y / N	Diabetes	Y / N	Heart Murmur	Y / N
Heart Disease	Y / N	Rheumatic Fever	Y / N	Skin Disorder	Y / N

PARENT / LEGAL GUARDIAN CONSENT AND AGREEMENT FOR FIRST AID & EMERGENCIES

The Nursery Nurse is not allowed to administer any medication to the children ONLY with the written permission of the child's parents may the Nurse administer allergy medication as prescribed by the child's doctor.

I agree to the following Topical Creams being used on my child.
BEPANTHEN CREAM for Broken Skin
ARNICA CREAM for Bumps and Bruises
FENISTIL CREAM for insect bites
BETADINE ANTISEPTIC SOLUTION for larger scrapes

Health Insurance Information (Family Insurance is primary in case of accident or illness)

Policy Holder's Name:	**Policy Number:**
Insurance Company Name:	**Group Number:**
Insurance Company Address:	**Insurance Company Phone:**

Therefore, I the undersigned parent of the child _____
give consent to have my child receive first aid by nursery staff and if necessary be transported to the nearest Health Care facility to receive emergency care. I give consent for the emergency person listed to act on my behalf until I am available.

_____   _____
Parents Name (Print in Capital Letters)   Signature & Date