

## MEDICAL RECORD

### Child's Details

Forenames \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth of Child: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Emergency Contact (other than the parent/guardian/carer)

Name: \_\_\_\_\_ Relationship to parent \_\_\_\_\_

Tel. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Name of person who usually collects the child: \_\_\_\_\_

Other people who may collect the child: \_\_\_\_\_

Password: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Child's Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

### Allergies/Special diet/Health problems/Childhood illness \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Child's religion: \_\_\_\_\_

Anything else we should know about your child e.g. likes, dislikes, fears, comfort items, special words

Has the child been fully immunised against: *(Please tick)*

Diphtheria      Whooping      Cough      Tetanus      Polio      MMR      Hib Meningitis

Further information (if necessary)

Signed \_\_\_\_\_ Mother/Guardian \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signed \_\_\_\_\_ Father/Guardian \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_