MEDICAL FORM

Photo

OFFICE USE

Class:

Date Joined:

CHILD INFORMATION

My Name is:

My Last Name:

My Nickname:

My Birth Date is:

My Gender is:

My Home Phone is:

My Home Address is:

PARENT INFORMATION

All About my Dad

Full Name: _____

Place of Work: _____

Nationality: _____

Mobile Phone: _____

Work Phone: _____

Email Address: _____

All About my Mum

Full Name: _____

Place of Work: _____

Nationality: _____

Mobile Phone: _____

Work Phone: _____

Email Address: _____

PHYSICIAN INFORMATION

Doctor/Physician Name

Clinic/Hospital

Office Phone

Mobile Number

Private Health Insurance Company

Health Insurance Number

Unit P1-10, level P1,Tower B, Damac Park Towers, Dubai International Financial Center (DIFC), Dubai, UAE
T.+971 4 5576818 | admin.difc@bestkidznursery.com | www.bestkidznursery.com

BestKidz NURSERY

MEDICAL FORM

MEDICAL INFORMATION

Has your child had or suffered from any of the following illnesses/conditions?

- [ ] Measles
- [ ] Scarlet Fever
- [ ] Frequent colds/sinusitis
- [ ] Heart Trouble
- [ ] Chicken Pox
- [ ] Whooping Cough
- [ ] Asthma
- [ ] Pneumonia
- [ ] Tonsillitis
- [ ] Chronic Illness
- [ ] Epilepsy
- [ ] Other
- [ ] Rheumatic Fever
- [ ] Hepatitis
- [ ] Diabetes
- [ ] Hand, Foot and Mouth

Does your child have any known allergies? Yes / No

If yes, please provide additional information or documentation.

Does your child have any special dietary requirements? Yes / No

If yes, please provide additional information or documentation.

Does your child have any other medical conditions or receive medical treatment? Yes / No

If yes, please provide additional information or documentation.

Are your child's vaccinations fully up to date? Yes / No

Has your child been assessed by any specialist such as speech, occupational therapist or any other? Yes / No

If yes, please provide additional information or documentation.

Is there any other information relating to your child's health that you feel we might need to know? Yes / No

If yes, please provide additional information or documentation.

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MEDICAL FORM

PARENTAL CONSENT

Consent for the administration of medication:

In the event that my child develops a fever, pain or allergy, Best Kidz Nursery staff may need to administer medication.

			COMMENTS
Paracetamol for fever?	Yes	No	
Antihistamine for allergy symptoms?	Yes	No	
Arnica gel for mild bruising?	Yes	No	
Fenistil Gel/Calamine Lotion for bites?	Yes	No	

Others: _____

If my child is unable to use any of these medications, I will contact the Nurse to discuss the use of an alternative.

Parent Signature: _____ Date: _____

Consent for basic first aid treatment

In the unlikely event of an accident or emergency situation, I give permission for the staff of Best Kidz Nursery to administer first aid to my child whilst at Best Kidz Nursery and if necessary transported to the nearest medical clinic or hospital. I understand that all costs for medical treatment including ambulance or transport fees are the responsibility of the parent.

Parent Signature: _____ Date: _____