



## Medical Information



Name of child		Date of birth	D / M / Y /   /
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Civil ID number		Nationality	
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- Child's blood group .....
- Is your child on any regular medication? .....
- Does your child have any allergies? .....
- Has your child had any operations? .....
- Has your child had any serious illnesses? .....
- Does your child have any other health problems you would like to mention?  
.....

**\*Emergency contacts:**

Name		Telephone	
Name		Telephone	
Name		Telephone	

\*If your child becomes ill and/or has a fever we will telephone you to collect him/her. If you are unavailable, we will telephone the contacts above. We will expect your child to be collected as soon as possible.

\*There may be a need to administer Panadol to lower your child's temperature. Could you please tick the appropriate box if you give your consent, or not.

Yes	No
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\*Does your child have Grommets inserted in his/her ears?

Yes	No
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\*If your child has an injury that needs immediate attention, we will take him/her to the nearest clinic and telephone you directly.

Parent's signature ..... Date .....