



Medical Information



Name of child		Date of birth	D M Y / /
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Civil ID number		Nationality	
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- 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?
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***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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*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**