



INFORMATION & MEDICAL FORM

Child's Full Name: _____

Date of Birth: _____

Does your child require regular medication?

Yes/No

If yes, please give full details: _____

- All prescribed medicines may be administered to children attending the Nursery.
- Infant Paracetamol or ibuprofen may be given for teething.
- Infant Paracetamol may be given for treatment of temperatures over 38 degrees.
- Parents are required to ensure **all** medicines are clearly labelled with **child's name, dose required and times to be given** a Medication form must be completed and signed before any medication can be administered.
- All medicines will be given at the discretion of the management following assessment on an individual basis.

Does your child have any allergies?

Yes/No

If yes, please give full details of the allergy, details of the reaction / symptoms. Treatment required. This must be discussed with a senior member of staff:

Are there certain foods or drinks that should not be given to your child on medical or religious grounds?

Yes/No

If yes, please give details: _____

Is there any specific food your child will not eat?

Child's specific individual needs _____
e.g. cultural, family structure

Child's ethnic origin _____

Child's Religion _____

Child's first language _____

Is there anything else you think we should know about your child? Yes/No

If yes, please give details: _____

Child Collection Password (this will be asked for when anyone other than those that regularly collect pick up your child) _____

I consent to any emergency medical treatment necessary while my child is under the care of Busikids Nursery.

Parent/Guardian Signature: _____ Date _____
Please delete as applicable

Please print name: _____

All information will be treated as confidential