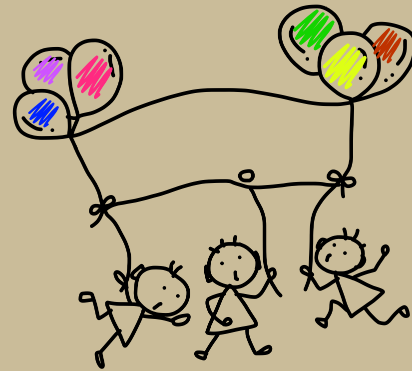
woodbury
Children's Nursery



MEDICAL FORM

Child's Name		Date of Birth
Emergency Contact		Relationship
Mobile	Work	Home

Family Doctor's Name	Phone

Important Information

Does your child wear glasses or have an eyesight problem?	YES	☐	NO	☐
Does your child have hearing difficulties?	YES	☐	NO	☐
Does your child have any current known allergy?	YES	☐	NO	☐

If yes, please provide details and state the medicine used for the allergy

Is your child on any medication? YES ☐ NO ☐

If yes, please specify the reason and type of medication

Does your child have any developmental or physical difficulties? YES ☐ NO ☐

If yes, please provide details

Does your child or has your child had any of the following:

Chicken Pox	YES	☐	NO	☐
Diptheria	YES	☐	NO	☐
Dysentry	YES	☐	NO	☐
Infective Hepatitis	YES	☐	NO	☐
Measles	YES	☐	NO	☐

woodbury
Children's Nursery

MEDICAL FORM
Continued

Does your child or has your child had any of the following:

Rubella	YES	☐	NO	☐
Scarlet Fever	YES	☐	NO	☐
Tuberculosis	YES	☐	NO	☐
Whooping Cough	YES	☐	NO	☐
Mumps	YES	☐	NO	☐
Asthma	YES	☐	NO	☐
Bone / Joint Injury	YES	☐	NO	☐
Chronic Illness	YES	☐	NO	☐
Concussion	YES	☐	NO	☐
Diabetes	YES	☐	NO	☐
Epilepsy	YES	☐	NO	☐
Hernia	YES	☐	NO	☐
Heart Murmur	YES	☐	NO	☐
Heart Disease	YES	☐	NO	☐
Rheumatic Fever	YES	☐	NO	☐
Skin Disorder	YES	☐	NO	☐
Thalassemia	YES	☐	NO	☐

In the event of the Woodbury Children's Nursery being unable to contact me in the case of an emergency,
I Consent ☐ Do Not Consent to ☐ rsery Nurse or Doctor administering emergency/
First Aid treatment to my child during Nursery hours.

I understand and agree that in the event of an Emergency, the Nursery shall have full authority to take appropriate action, including calling on Governement Emergency services. I agree that I will be responsible for any and all costs incurred.

Is your child covered by medical Insurance? YES ☐ NO ☐
If yes, please attach a copy of the Insurance Membership card.

In the event that my child develops a fever during Nursery hours, I consent that the Nursery Nurse/Doctor may administer appropriate fever reducing medicine such as Calpol. YES ☐ NO ☐

Please note that in the event your child develops a fever during Nursery hours, you will be notified immediately. Your child will be assigned to the Nurse room until you arrive. You are requested to collect the child in the quickest time possible.

Parent Signature	Date
Name	