



WHITSTABUBBLES MEDICAL INFORMATION

CHILDS NAME :

If you answer yes to any questions you may be invited to come in and talk to a member of the welfare staff so that we have accurate and up to date information regarding your child's needs.

All information will be treated as strictly confidential

Does your child require any regular medications?

Yes/No

If Yes, please provide more information:

Is your child prone to having frequent episodes of fainting/blackouts/fits (convulsions)? If

Yes/No

Yes, please provide more information :

Is your child allergic to anything e.g. penicillin/nuts/bee stings/plants/animals etc?

Yes/No

If Yes, please provide more information :

Does your child have any food intolerances?

Yes/No

If yes, please provide more information :

Are there any other previous or current conditions that the welfare staff should be aware

of? e.g. asthma/eczema/serious injury/accident/operations, etc.

Yes/No

Is there any medical History in the family that you feel would be relevant for the nursery to be made aware

of? If Yes, please provide more information :

Yes/No



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Does your child have any of the following conditions/ illnesses?

- *Diabetes* *Y / N*
- *Epilepsy* *Y / N*
- *Heart Disease* *Y / N*
- *Whooping Cough* *Y / N*
- *Asthma* *Y / N*
- *Convulsions* *Y / N*
- *Kidney Disease* *Y / N*
- *Hearing Difficulty* *Y / N*
- *Vision Difficulty* *Y / N*
- *Speech Difficulty* *Y / N*
- *Skin Disorder/ Eczema* *Y / N*

If you have selected Yes to any response please expand:

