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# Medical Form

| Child's Information | |
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| Name of Child: | Family Name: |
| Place of Birth: | Date of birth: |
| Name of family doctor: | Number of family doctor contact: |
| Gender ☐ Male ☐ Female | Nationality: |

**Tick the relevant box, if your child has/had any of the following illness /conditions:**

| Chronic illness | YES | No | | YES | NO |
|---|---|---|---|---|---|
| Whooping Cough | | | Diabetes | | |
| Measles | | | Epilepsy | | |
| Chickenpox | | | Heart Trouble | | |
| Mumps | | | Asthma | | |
| Hand Foot & Mouth DIS. | | | Cancer | | |
| Scarlet Fever | | | Hearing Difficulty | | |
| Tuberculosis | | | Vision Problems/Glasses | | |
| Infective Hepatitis | | | Rheumatism | | |
| Pneumonia | | | Speech Difficulty | | |
| Malaria | | | Operation | | |
| Meningitis | | | Skin Disorder | | |
| Rubella | | | ADHD | | |
| Tuberculosis | | | Bleeding Tendency | | |

Please provide some details if any answer is yes:

| Illness | Details | Medication |
|---|---|---|
| | | |

Contact numbers In case of emergency if parents are not immediately available mention the relation with the parents:

| Name | Relation to the child | Telephone number |
|---|---|---|
| | | |
| | | |

- Is your child under medical treatment? (kindly give details)

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- Is your child under any psychological/behavioral supervision? (kindly give details)

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- Is there a history of allergies to any substance? (e.g. food, medicine, animal) (kindly give details)

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- Medicine Consent: I give permission for my child to be administered Panadol by the GNN nurse, in the event of high temperature or pain. ☐ Yes ☐ No
- In the event the nursery is not able to contact me, I give permission to the staff of GGN or any medical officer to administer and first aid treatment to my child during nursery hours.

  ☐ Yes ☐ NO

Parent's Signature:_____ Date: _____