

Medical Information

Name of child	
D.O.B	
Home address	
POSTCODE	
Telephone number	
Any medical conditions	
Allergies	
Dietary requirements	
Health Visitors Name	
Health Visitors contact Number	
Doctor's name	
Doctor's address	
Doctor's telephone number	

I consent to any emergency treatment necessary in the event of an accident and I cannot be contacted.

Please tick the following box if you **DO NOT** want to give permission to this

☐

Signature: _____

Date: _____

Parent/Guardian/Carer- **Please delete as appropriate**

Ofsted Registration number **EY388312**