Foundation for the Future...

MEDICAL FORM

1 Student Information	
First Name:	Birth Date:
Family Name:	

2 Medical History Does your child suffer form any of the following ?	
Allergies or food restrictions ☐ Yes ☐ No	Provide details if any
Respiratory difficulties, physical disability ☐ Yes ☐ No	Provide details if any
Vision/hearing impairments or learning difficulties ☐ Yes ☐ No	Provide details if any
Other health concern that requires special monitoring ☐ Yes ☐ No	Provide details if any
Has your child been hospitalized received treatment recently ☐ Yes ☐ No	Provide details if any

3 Family Physician	
Doctor Name:	Emergency No:
Telephone No:	Emergency No:
Health Ins Co:	Health Card/Ins No:

4 Vaccination Information

Has your child received the following vaccination? If yes, please insert date.

Vaccine		Date	Vaccine		Date
Diptheria, Tetanus, Pertussis (Triple Antigen 1)	☐ Yes ☐ No		BCG Tuberculosis	☐ Yes ☐ No	
Diptheria, Tetanus, Pertussis (Triple Antigen 2)	☐ Yes ☐ No		Pre Nursery Booster	☐ Yes ☐ No	
Diptheria, Tetanus, Pertussis (Triple Antigen 3)	☐ Yes ☐ No		Frequent Cold/ Sinusitis	☐ Yes ☐ No	
Measles	☐ Yes ☐ No		Heart Trouble	☐ Yes ☐ No	
Hepatitis B	☐ Yes ☐ No		Operation	☐ Yes ☐ No	

Foundation for the Future...

Has your child had any of the following illness? If yes, please insert date					
Illness		**Date**	**Illness**		**Date**
German Measles	☐ Yes ☐ No		Pneumonia	☐ Yes ☐ No	
Whooping Cough	☐ Yes ☐ No		Fainting Injuries	☐ Yes ☐ No	
Chicken Pox	☐ Yes ☐ No		Tonsillitis	☐ Yes ☐ No	
Mumps	☐ Yes ☐ No		Asthma	☐ Yes ☐ No	
Poliomyelitis	☐ Yes ☐ No		Epilepsy	☐ Yes ☐ No	
Tuberculosis	☐ Yes ☐ No		Diabetes	☐ Yes ☐ No	
Rheumatic Fever	☐ Yes ☐ No		Other (specify)	☐ Yes ☐ No	
Frequent Colds/Sinusitis/H1N1	☐ Yes ☐ No		Polio	☐ Yes ☐ No	

5 Non-prescription Medicine Administration

I hereby authorise Gurusthanam Playschool, to administer the following medication/products according to manufacturer/physician's written instructions should it be required. Other medication may be administered as required, subject to my sign off on the Medicine Administering Form available in the office. I will not hold Gurusthanam Playschool liable for any allergic reactions or other symptoms when the medication/products are used in accordance with these terms.

Medicine	Symptoms	Remarks	Instructions
Calpol Syrup	• Fever • Teething pain • Headache • Anti-allergy	☐ Yes ☐ No	
Fenistil Gel	• Insect bites • Itchy skin	☐ Yes ☐ No	
Betadine Ointment / Betadine Solution	• Antiseptic • Superficial wound • Infected dermatoses • Clean infected wound	☐ Yes ☐ No	
Fucidine Ointment	• Minor and major wounds	☐ Yes ☐ No	
Arnica Gel	• Bumps, bruise, strains, etc	☐ Yes ☐ No	

Comments

Foundation for the Future . . .

6 Non-prescription Medicine Administration
Children have a low resistance to infection. If your child is ill, he/she should not attend Gurusthanam Playschool until fully clear of illness/infection. If called to collect your child, I will endeavour to be at the Gurusthanam Playschool within one hour. In the nature of an event, I agree to the Gurusthanam Playschool nurse providing emergency care including, calling an ambulance and/or physician for medical attention. I agree to pay for any/all costs incurred and take full responsibility for treatment required and ill not hold the nursery liable in the event that we are unable to reach the parent and confirm the course of action.
Signature of Parent/Guardian **Date**
Name of Parent

7 Parent Signoff
I hereby confirm that all the above medical information is accurate and correct to the best of my knowledge. I endeavour to provide Gurusthanam Playschool with any changes to this information as and when I become aware of them and have attached my child most updated immunization to this completed document.
Signature of Parent/Guardian **Date**
Name of Parent

IMPORTANT NOTICE

The child needs to stay home or leave the nursery if the following symptoms are found:

- Fever and sore throat, rash, vomiting, earache, irritability or confusion
- Diarrhea- runny, watery or bloody stools.
- Vomiting- 2 or more times.
- Body rash with fever.
- Head lice found in their hair.
- Sore throat with fever and swollen glands.
- Severe coughing- Child gets blue or red in the face or makes high pitched whooping sound after coughing.
- Eye Discharge- Think mucus or pus draining from the eye.
- Yellowish skin or eyes.
- Child is irritable, continuously crying, or requires more attention that can be provided without affecting the health and safety of the other children.

FOR INTERNAL USE:		
Date Received	Signature	Follow up