

Little Wonders Preschool

Medical Form



Medical details

Has your child had or required treatment for any of the following?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> ADHD/ADD (mild-moderate Learning Disability) | <input type="checkbox"/> Communication Disorder | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Persistent Headaches |
| <input type="checkbox"/> Aggressive Behaviour (threat to self/others) | <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Poor coordination |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Development Delay | <input type="checkbox"/> Haemophilia/Thalassaemia | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious Operations/Hospitalisation |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Sickle Cell Anaemia |
| <input type="checkbox"/> Bone/ Joint Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Speech defects |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> German Measles/Rubella | <input type="checkbox"/> Mumps | <input type="checkbox"/> Vision problems |

Additional details:

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Medical History

Is your child allergic to any medication, food or product? (For example, penicillin, peanuts, if yes, please provide details)

Is your child taking any regular medication or is he/she receiving regular treatment? (For example, insulin, Ritalin, anti-epileptic medication, inhalers etc)

Does your child have a recurring illness? (If yes, please provide details)

Does your child have a learning disability? (If yes, please provide details)

Does your child have a physical disability? (If yes, please provide details)

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Does your child have any specific health, behavioural, emotional or psychological problems? (If yes, please provide details)

Does your child have any hearing or hearing related problems? (For example, grommets, if yes, please provide details)

Do you believe that your child should be able to fully participate in regular physical education classes?

Y N

Please give details of any illness, operations or injuries since birth:

Permissions

Are you happy for us to apply sunblock?

Y N

Are you happy for us to apply nappy rash/anti septic cream?

Y N

In case of an emergency and neither parent can be reached, does the school have your permission to take your child to hospital?

Y N

Declaration

Signed:

Date: