

Great Barton Pathways Medical Form

The following Document needs your immediate attention. The Information is strictly confidential. It will be used only to provide us with contact information and to inform us of your wishes regarding the care of your child.

Name of child:

Date of birth:

Address:

.....

.....

Childs Nationality

Is English the child's first language? Y/N (If no please specify language spoken)

Name of parent/Carers:

Tel.No's

Name of Doctor:

Surgery Address:

.....

.....

Surgery Tel.No:

Name of second Contact if Parents/Carers are unavailable

Tel. No:

.....

Relationship to Child:

Medical History

Does your child have any of the following?

Allergy (please give details)

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Asthma Y/N Diabetes Y/N Epilepsy Y/N

Any other medical details you feel we should be aware of(including speech and language ,sight or hearing that may require additional planning)

.....
.....

Has the child had the following vaccinations:

MMR Y/N Whooping Cough Y/N Polio Y/N Diphtheria Y/N

Tetanus Y/N

Any special dietary requirements

I give permission for;

*The staff of Great Barton Pathways to seek any necessary medical advice or treatment should the need arise whilst attending Pathways session.

*Plasters to be used.

* Photographs to be taken by the staff of the children attending Great Barton Pathways which will be used within the setting for displays and on the Great Barton Pathways website. If photos are required for any other reason, we will seek additional permission.

* The use of a video camera within the setting for staff training purposes. If videos are required for any other reason, we will seek additional permission.

* The staff of Great Barton Pathways to apply Sun cream (supplied by myself) when necessary.

Signature: Date:.....

Print Name:

*Please indicate by ticking the relevant boxes to provide permission.

Please return to address overleaf before start date.

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