Little Minds NURSERY

Child's Photograph

Medical Form

Child's Information	
Full Name :	
Date of Birth :	Gender :

Medical History
Which illnesses has your child suffered from in the past : Any special condition for the child which is important for us to Blood Group:

Vaccinations

Has the child received the following Vaccinations? Kindly mention YES or No

DPT/Polio – 2 months	DPT/Polio-6 months	DPT/Polio – 18 Months
BCG	Hepatitis A	Hepatitis B
MMR	Chicken Pox	

Other Information		
Do you have concern with regardsto your child's -		
Vision	Hearing	Speech/Language
Respiration	Learning difficulty	Behaviour
Co-ordination	Movement	Toileting
Any other additional medical information about your child :		
Does your child have any of following - kindly give details		
Food / other allergies :		
Any chronic Illness :		
Regular medication :		

Children have a low resistance to infection. If your child is ill, he/she should not attend the nursery until fully clear of illness/infection. If called to collect your child, please endeavor to be at the nursery within one hour. Parents must not hold the nursery liable and must bear all costs in the event of an emergency whereby we are unable to reach the parent and confirm the course of action.

Parents Name:_____ **Parents Signature:** _____