CREATIVE KIDS
Early Learning Centre

Medical Form

Child Paediatrician Details			
Child's Name:		Family Name:	
Child's D.O.B:		Gender: Male/Female:	
Name of Doctor:		Clinic / Hospital:	

Child's Medical History					
Does your child have any of the following conditions / illnesses?					
Type of illness	**Y**	**N**	**Type of illness**	**Y**	**N**
Measles	☐	☐	Diabetes Type 1 or 2	☐	☐
German Measles	☐	☐	Epilepsy	☐	☐
Chicken Pox	☐	☐	Heart Trouble	☐	☐
Mumps	☐	☐	Rheumatic Fever	☐	☐
Whooping Cough	☐	☐	Asthma	☐	☐
Scarlet Fever	☐	☐	Convulsions	☐	☐
Hand, Foot & Mouth Disease	☐	☐	Kidney Disease	☐	☐
Infectious Hepatitis	☐	☐	Tuberculosis	☐	☐
Poliomyelitis	☐	☐	Hearing Difficulty	☐	☐
Pneumonia	☐	☐	Vision Difficulty	☐	☐
Malaria	☐	☐	Speech Difficulty	☐	☐
Meningitis	☐	☐	Bronchitis	☐	☐
Chronic illness	☐	☐	Skin Disorder/ Eczema	☐	☐

Additional Information
If you have selected “Y” for any of the conditions/illnesses, please provide more information:

Allergies
Does your child suffer from any allergies? Yes/No If Yes, please provide more information:

Medication
Does your child require any medication? Yes/No If Yes, please provide more information:

Medical Consent

Administration of ‘over the counter’ medicine

I give my permission for the centre to administer Calpol syrup (pain/fever reliever) or, Anti-histamine If my child develops a fever, or has pain, or a mild allergic reaction.

Emergency medical treatment

In the event of an emergency I hereby authorize the CKELC staff to take my child to a doctor or the hospital for treatment or call an ambulance and any expense of this service will be accepted by me.

Name:_____

Signature:_____ **Date:**_____