

## Medical Form

Child's Information	
Name Of Child:	Family Name:
Place of Birth:	Date of birth:
Name of family doctor:	Number of family doctor contact:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:

**Tick the relevant box, if your child has/had any of the following illness /conditions:**

Chronic illness			
Whooping Cough	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Hand Foot & Mouth DIS.	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>	Hearing Difficulty	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	Vision Difficulty	<input type="checkbox"/>
Infective Hepatitis	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	Speech Difficulty	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	Operation	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	Skin Disorder	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	Bleeding Tendency	<input type="checkbox"/>

Contact numbers in case of emergency if parents are not immediately available mention the relation with the parents:

Name	Relation to the child	Telephone number

- Is your child under medical treatment? (kindly give details)  
\_\_\_\_\_
- Is your child under any psychological/behavioral supervision? (kindly give details)  
\_\_\_\_\_
- Is there a history of allergies to any substance? (e.g.food ,medicine, animal) (kindly give details)  
\_\_\_\_\_
- I authorize the school nurse to administer baby Panadol / Adol drops / Ibuprofen to my child provided has your child had Ibuprofen before.  Yes  NO
- In the event the nursery is not able to contact me, I give permission to the staff of GGN or any medical officer to administer and first aid treatment to my child during nursery hours:  Yes  NO

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_