

Childs Health and Development Details

CONFIDENTIAL:

Childs name:

Date of Birth:

G.P name and address:

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Are there any Health or Education professionals involved with your child?

YES NO

If yes then please name them:

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Do you have the parent held record for your child from the Health Visitor?

YES NO

Are your child's immunisations up to date?

YES NO

Has your child any medical condition that the setting should know about
e.g. allergies, plasters, asthma, dietary requirements.

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Managing Medicines.

For the setting to administer prescribed medication to your child during the session please sign the parental agreement to administer medication.

I give my consent, after discussion with me for the setting to contact the Health Visiting Team if necessary.

Parent/Guardian signature

Date:

Please print name: