Sun Flower Nursery

Medical Form

Child Name:		Date of Birth:	
Gender:		Nationality:	
Father's Name:		Phone Number:	
Mother's Name:		Phone Number:	

Emergency Contact persons:			
Name:		**Phone Number:**	
Name:		**Phone Number:**	

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? (please tick yes or no where applicable)

Name of condition	NO	YES	
ALLERGIES/ ECZEMA			حساسية/اكزيما
CONGENITAL HEART DISEASE			عيوب خلقية في القلب
DIPHTHERIA			الديفتيريا
DYSENTRY			الديزنتاريا
G6PD(Glucose6-phosphate dehydrogenase deficiency)			نقص **G6PD**
MEASLES			الحصبة
POLIOMYELITIS			شلل الاطفال
RHEUMATIC FEVER			حمى روماتيزمية
TUBERCULOSIS			داء السل
THALASAEMIA			التلاسيميا
VISION PROBLEMS/ GLASSES			مشكلات في النظر/نظارات
HEARING PROBLEMS			مشكلات سمعية
GASTRIC PROBLEMS			مشكلات معوية
BRONCHIAL ASTHMA			مرض الربو
Chicken pox			مرض الجدري
DIABETES MELLITUS			مرض السكري
EPILEPSY/ SEIZURES			داء الصرع/نوبات مرضية
INFECTIVE HEPATITIS			التهاب الكبد الوبائي
MUMPS			داء النكاف/ابو كعب
RUBELLA			الحصبة الالمانية
WHOOPING COUGH			السعال الديكي
SURGERY			عملية جراحية
OTHER			آخر

In the event of an emergency, please state who you wish us to contact:

Mother ☐　　　**Father** ☐　　　**Other** ☐

Is your child on any regular medication?   No ☐ Yes ☐

If Yes, please list:

_____

_____

Describe any allergies your child may have e.g. to food/ nuts/ medicine.

_____

_____

Immunisation History

The nursery needs to maintain current information on each child's immunisation history. It is therefore important that Sunflower Nursery has a copy of your child's immunisation records. Please provide any record updates as soon as possible.

Has your child received all required vaccinations? No ☐   Yes ☐

Does your child have a Special Educational Need?   No ☐   Yes ☐

If Yes, please specify diagnosis and requirements:

_____

_____

Is there any reason for your child to have restricted physical activity? If Yes, please provide details:

_____

_____

I hereby confirm that all the above information is true and correct to the best of my knowledge.

Parent's Name): _____

Signature: _____Date:_____