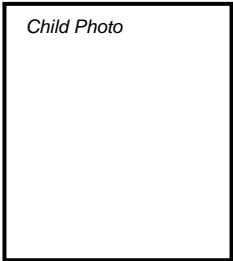




MEDICAL CONSENT FORM



I consent to the Nursery Doctor/ Nurse / Carer to perform examinations, assess and administer initial first aid.

I consent to the use of the following topical creams:

- Arnica Cream for bumps and bruises
- Fenistil Cream for insect bites
- Antiseptic Cream and band aids for minor grazes
- Cool Packs for minor skin and muscle trauma
- Non-medicated eye drops or eye flush for a minor eye irritati



In the event your child develops a fever or has a pain or mild allergic reaction, it may be necessary to administer Calpol (Fever/ Pain Reliever) or Claratine Syrup (Anti Histamine). If your child is unable to take this medication, please inform the Admin staff.

In the event your child requires Emergency Treatment, you will be contacted and asked to collect your child from the Nursery. If the Nursery is unable to contact you, your child will be taken to their Doctor/ Hospital for diagnosis and treatment. We will continue trying to contact you during this process.

Does your child have any kind of ALLERGY? If Yes, please include the reactions.



Parent's Name : _____

Signature: _____ Date: _____