# Early Bloomers After School Club

# Medical Form

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| **Child’s name:** | **Date of birth:** |
| **Doctor:** | |
| **Doctor’s address:** | |
| **Doctor’s telephone:** | |
| Do Does your child or the child in your care have any known medical problems or additional needs?  (Please list) | |
| Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed) | |
| Does your child have any known allergies? (an Allergy Management Plan will be put in place where required) | |
| Does your child have any dietary requirements? | |
| Any other information relevant to your child’s health | |
| Parent/Carer emergency contact telephone numbers: | |

In the event that my child is involved in a serious accident, I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital, I hereby authorise the staff member to present this form as consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed: Date:

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