

# **Crèche Medical Details Form**

If your child suffers from any medical or physical condition, please complete the form below. For example: allergies, anaphylaxis, asthma, epilepsy, diabetes, dietary requirements or medical conditions such as ADD or special needs.

## Child's details

| Child's name:      |     |    |  |  |  |  |
|--------------------|-----|----|--|--|--|--|
| Date of birth:     |     |    |  |  |  |  |
| Parent/Guardian:   |     |    |  |  |  |  |
| Contact number:    |     |    |  |  |  |  |
| Medical details    |     |    |  |  |  |  |
| Medical condition: |     |    |  |  |  |  |
| Reaction:          |     |    |  |  |  |  |
|                    |     |    |  |  |  |  |
| Triggers:          |     |    |  |  |  |  |
|                    |     |    |  |  |  |  |
| Action plan:       | Yes | No |  |  |  |  |

Action plan: res \_\_\_\_\_No \_\_\_\_ Please note: If your child is prescribed an Epi-pen, an action plan must be provided by a doctor and an in date Epi-pen, labelled with child's name, must be given to staff, whilst in our care. Attendance will not be permitted without the Epi-pen.

### **Additional needs**

If the above child has any additional needs please fill in the Special Requirements section below and speak to a staff member to discuss how we can best meet your needs during your visit.

#### **Special requirements**

| Support required:                            |  |
|--|--|
| Communication details:                       |  |
| (eg. verbal, non-verbal)                     |  |
| Behavioural concerns:                        |  |
| Cognitive level /<br>Level of understanding: |  |
| Any other concerns:                          |  |

### Authorisation

In the event of an accident or illness suffered by my child, I understand that the staff of the Aqua Jetty Crèche will try their best and contact me the parents/guardian. When it is impractical or impossible to communicate with me the parent/guardian, I authorise the Crèche staff to obtain on my behalf, such medical or surgical treatment as may be deemed necessary and in the best interest of the child. I also agree to pay any expense associated with the treatment given to my child/ward.

Parent Signature:

Date:

Print Name: