

Medical Information

Please supply the following information and return these forms to the office prior to your child's first day. Entry to the Nursery is non-discriminatory. Where necessary we aim to take positive steps to ensure that all children who wish to attend are able to do so.

Child's full name: _____

Date of birth: _____

Long Term Medication:

Does your child require medication on a long term basis Yes/No

(If yes, please ask for and complete our Long Term Medication Form)

Immunisations:

Please give dates of immunisations:

MMR (around 12 to 13 months): _____

dTap/IPV or Dtap/IPV (Diphtheria, tetanus, perusssis (whooping cough), polio)

@ 2 months: _____

@ 3 months: _____

@ 4 months: _____

@ 3 years and 4 months to 5 years: _____

Meningitis C vaccine: _____

Infectious Diseases

Has your child had any of the following:

Measles	Yes/No
German Measles (Rubella)	Yes/No
Chicken Pox	Yes/No
Mumps	Yes/No
Whooping Cough	Yes/No