



MEDICAL CONSENT FORM

Child's Name: _____ Child's Class: _____

I give consent to: (please tick where appropriate)

- ☐ The use of topical creams (Antiseptic, nappy rash cream etc.)
- ☐ The administration of 'over the counter' medication should it be required (Liquid paracetamol etc.)
- ☐ Receive basic first aid by nursery staff (bandages, plasters, antiseptic cream etc.) and if deemed necessary in an emergency, to be taken to the nearest health care facility to receive medical treatment and/or first aid.

In the event of an emergency and the Nursery are unable to contact both parents, the child's "Emergency Contact" will be contacted.

Please provide medical information regarding your child which may be helpful to us:

ALLERGIES

Please provide any information regarding any allergies your child may have, including reactions and immediate required treatment.

If your child is on medication, the first aider, according to your instruction's will administer the medicine. **If your child is ill during the course of the day you will be promptly contacted and asked to collect him/her within the hour.** If your child displays any symptoms of illness upon arrival at nursery they will not be permitted to attend and should be kept home.

If your child has a contagious illness, ie; fever, rash, runny nose , diarrheah etc, they should be kept at home for at least **48 hours** after the symptoms last. A medical clearance letter is required for your child to return after a period of sickness. Please ensure you call to report any sickness.

Parent's Name: _____

Signature: _____ Date: _____