



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 any 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 instructions, 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 on arrival, he/she will not be permitted to attend the nursery. If they have any contagious illness (fever, rash, runny nose, diarrhoea, etc) they should be kept at **home for 48 hours** after the last symptoms. A medical clearance form is required from a doctor to allow your child to attend nursery after the illness. Please make sure to call us to report the reason why your child may be absent from the nursery.

Parent's Name: _____

Signature: _____ Date: _____