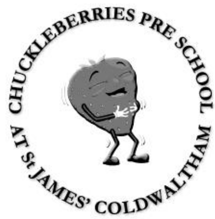


CHILD'S FULL NAME: ………………………….

Child's address: …………………………………………………

……………………………………………………………………………

……………………………………………………………………………

Postcode: ……………………………………………………………

Home telephone: ……………………………………………….

Date of birth: ………………………………………………….

Name of family doctor: ………………………………………

Address: ………………………………………………………………..

…………………………………………………………………………….

……………………………………………………………………………

Postcode:
…………………………………………………………………………….

Telephone: ……… ………………………………………………………

Does your child have any special needs (short/long term, temporary/permanent)?: Yes ☐ No ☐

If yes, please give details: … ……………………………………………………………………………………

………

Are your child's immunisations up-to-date?: Yes ☐ No ☐

When did your child last receive a vaccination against tetanus?: ……………………………………………

Has your child ever had any of the following?:

Condition			Condition		
Asthma or bronchitis	Yes ☐	No ☐	Allergies to medication	Yes ☐	No ☐
Heart condition	Yes ☐	No ☐	Any other allergies (eg, material, food, insect bites, etc)	Yes ☐	No ☐
Fits, fainting or blackouts	Yes ☐	No ☐	Other illness or disability	Yes ☐	No ☐
Severe headaches	Yes ☐	No ☐	Recent contact with a contagious disease or infection	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐			

If yes to any of the above, please give details:
……………………………………………………………………………………………..

Is your child receiving medical treatment of any kind?: *[If yes, please see overleaf.]* Yes ☐ No ☐

Has your child been given specific medical advice to follow in emergencies?: Yes ☐ No ☐

If yes, please give details:
………

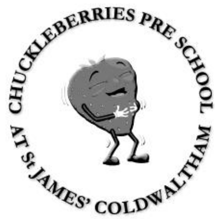
Does your child have any specific dietary needs?: Yes ☐ No ☐

If yes, please give details:
…………………………………………………… ……………………………………………………………

Signed: ……………………………………………………………….. Date: ……………………………………

Relationship to child: ……………………………………….

All details provided will be stored confidentially under the framework of the Data Protection Act 1998.
Please return to Mrs Jo Kent Chuckleberries Pre-School, Bury Village Hall, The Street, Bury, West Sussex RH20 1PF



ADMINISTRATION OF MEDICINES FORM

CHILD'S FULL NAME: ……………………………………………..…

Does your child require the administration of medicines of any kind?: Yes ☐ No ☐
[eg, asthma, etc]

If yes, please complete the following:

Name of condition: ……….

Name of medicine/tablets: …….

Name of prescribing doctor: …….

Dosage to be given: ………………………………………………… Time/s: ………………………………………………………………………….

By what method is the medicine/tablets administered?: ……………………………………………………………………….

Will you be supplying an inhaler/puffer for your child's use at Chuckleberries?: Yes ☐ No ☐

Please note: If you intend to supply medication for your child's use at Chuckleberries, it will be stored out of reach of the children in a locked cupboard. The medication must be of current date and clearly labelled with your child's name, the permitted dosage and expiry date. All medication will be regularly reviewed.

If your child needs a dosage of medication during the session, the Supervisor will administer it and a second member of staff will witness the procedure. A record will be kept of the dosage administered and you (the parent/guardian) will be requested to sign and acknowledge the record when you collect your child at the end of the session.

I, ……………………………………………., the parent/guardian of …………………………………………………….. give my permission for the staff at Chuckleberries Pre-School to administer my child with the above medication as specified.

Signed: ………………………………………………………. Relationship to child: ……………………….. Date: ………………..

Please confirm emergency contact details in order of preference:

Name	Relationship to child	Daytime telephone	Mobile telephone
………………………………………	…………………………………	……………………………………	………………………………………
………………………………………	…………………………………	……………………………………	………………………………………
………………………………………	…………………………………	……………………………………	………………………………………

Signed: ..…………………………………………………………………..…. Date: ………………………………………….

Relationship to child: ………………………………………..

All details provided will be stored confidentially under the framework of the Data Protection Act 1998.
Please return to Mrs Jo Kent, Chuckleberries Pre-School, At St James' Primary School, Coldwaltham, West Sussex RH20 1LW