

Twilight Hours After School Club

Medical Form

Child's Name:	Date of birth:
Child's Address:	
Doctor's address:	
Doctor's telephone:	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional permission to administer medication consent form will need to be completed)	
Does your child have any known allergies or major dislikes (foods or materials)? (an Allergy Management Plan will be put in place where required)	
Any other information	

If my child has an accident, then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from Twilight Hours After School Club may sign any consent forms necessary for treatment on my behalf.

Signed:

Date:

This policy was adopted by: Twilight Hours ASC	Date:	Policy No: MF 001
To be reviewed:	Signed:	
Policy Name: Medical Form	Signed:	