

Medical and Personal Care Disclosure Form



Child's full name (hereafter referred to as 'child'):

.....

Child's Address (including postcode):

.....

Does your child have any dietary needs or allergies or food intolerances: Yes No

If yes, please give details:

.....

What drink would s/he prefer? **Milk** **Water** **Either**

Does your child have any special needs including; wearing glasses, speech therapy, any major illness/operations, or any on-going health problems e.g. glue ear, asthma:

.....

.....

Is your child up-to-date with all of the immunisations offered? Yes No

If no, please give details

Has your child ever had a febrile convulsion? Yes No

Child's Doctor's name:

Address:

..... Telephone number:

Child's Health Visitor's name:

Contact details (if different from above):

.....

I expressly consent to Chudleigh Pre-school seeking any necessary emergency medical advice or treatment in respect of my child.

Signature of Parent/Guardian Date:

I confirm that the above information is correct.

Signature of Parent/Guardian Date:

Nappy changing/toilet use

I give permission for the staff of Chudleigh Pre-school to assist my child with any nappy changing and/or toileting needs

Signed: Date:

Giving Paracetamol to your child

If your child is unwell whilst in our care, we will contact you and ask you to come and collect your child as soon as possible.

Occasionally in these instances, a child could have a temperature which could increase rapidly; paracetamol (eg Calpol) could help manage the temperature.

In this instance the following procedure would be followed:

- A Pre-school staff member trained in paediatric first aid would monitor and record the child's temperature every 10 minutes.
- Noting that the temperature is increasing the staff member would speak to the parent concerned and explain the situation. They would ask the parent's permission to administer paracetamol and check with the parent if the child had taken any other medication recently.

The correct dose of paracetamol would be administered only if at this time a parent gives verbal consent **and** confirms no other medication had been taken which could interfere with the paracetamol **and** when written consent is already on file.

I consent to my child receiving paracetamol (eg Calpol) according to the above procedure; (each 5ml of the medication contains 120mg Paracetamol.)

The dose for my child is: ml

Signed: Date:

Giving antihistamine to your child

If your child is unwell whilst in our care, we will contact you and ask you to come and collect your child as soon as possible.

Occasionally in these instances, a child could have a mild allergic reaction in which case an antihistamine (eg. Loratadine 5mg) could help manage the symptoms.

In this instance the following procedure would be followed:

- A Pre-school staff member trained in paediatric first aid would monitor the child.
- Noting symptoms the staff member would speak to the parent concerned and explain the situation. They would ask the parent's permission to administer the antihistamine syrup and check with the parent if the child had taken any other medication recently.
- The correct dose of antihistamine syrup would be administered only if at this time a parent gives verbal consent **and** confirms no other medication had been taken which could interfere with the medicine **and** when written consent is already on file.

In the case of real concern (eg anaphylactic shock) staff would call 999 as well as the parent.

I consent to my child receiving an antihistamine syrup (eg Loratadine 5mg – recommended dose is 5ml for children aged 2 – 12 years under 30kg) according to the above procedure;

I do not consent to my child receiving an antihistamine syrup

The dose for my child is: ml

Signed: Date:

Consent to apply Sun Cream for children staying for a full day

- I give permission for the staff at Chudleigh Pre-school to apply 'Solero Kids SPF 50+ Ultra Sensitive' sun lotion (UV-A and UV-B) to my child at the end of the morning session. *
- I give permission for the staff at Chudleigh Pre-school to apply sun cream to my child at the end of the morning session. I am providing a named bottle of sun cream for my child for this purpose. *

* Please delete as appropriate.

Signed: Date: