**Hilldale Breakfast and After School Club**

**Medical Form**

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| **Childs Name: Date of Birth:** |
| **Doctor:** |
| **Doctor’s Address:** |
| **Doctor’s Telephone no:** |
| Does your child or child in your care have any known problems or additional needs? |
| Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed) |
| Does your child have any known allergies? (an allergy management plan will be put in place where required) |
| Does your child have any dietary requirements? |
| Any other information relevant to your child’s health |
| Parent/ carer emergency contact telephone numbers: |

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed: Date:

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