

CHILD DATA

FIRST NAME: _____ BIRTH DATE: / / _____
 LAST NAME: _____ AGE / SEX: / _____

HAS YOUR CHILD RECEIVED THE FOLLOWING VACCINATIONS?

| | NO | YES | | NO | YES |
|----------------------|----|-----|--------------------------|----|-----|
| DPT/POLIO (2 months) | | | DPT/POLIO (18 months) | | |
| DPT/POLIO (4 months) | | | DPT/POLIO (school entry) | | |
| DPT/POLIO (6 months) | | | BCG | | |
| MEASLES (8 months) | | | HEPATITIS A | | |
| MMR (15 months) | | | HEPATITIS B | | |

PLEASE DESCRIBE ANY PAST OR PRESENT SERIOUS ILLNESS, PHYSICAL OR EMOTIONAL CONDITIONS:

IS YOUR CHILD ON ANY REGULAR MEDICATION? IF SO, PLEASE LIST:

DESCRIBE ANY ALLERGIES YOUR CHILD MAY HAVE BELOW:

EMERGENCY PARENT CONTACT: Res No: _____

MOTHER: _____ OFFICE / MOBILE: _____

FATHER: _____ OFFICE / MOBILE: _____

EMERGENCY CONTACT IF PARENT CANNOT BE CONTACTED:

NAME: _____ RES. No / OFFICE No _____ /:

RELATIONSHIP: _____ MOBILE: _____

FAMILY DOCTOR INFORMATION:

NAME: _____ MOBILE / EMERGENCY No: _____

HEALTH Ins. Co / CARD No: _____

PERMISSION FOR MEDICATION:

Jigsaw Nursery has my permission to give my child the following medication if necessary in age appropriate dosages:

PARACETAMOL (Panadol, Tylenol, or similar non-aspirin pain reliever)

| | |
|----|-----|
| NO | YES |
|----|-----|

FIRST AID MEDICATION FOR MINOR WOUNDS OR INSECT BITES

| | |
|----|-----|
| NO | YES |
|----|-----|

DATE: _____

PARENTS SIGNATURE: _____