



**MEDICAL FORM:**

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_ mobile \_\_\_\_\_

Surname \_\_\_\_\_ Address \_\_\_\_\_ post code \_\_\_\_\_

First name Child \_\_\_\_\_ Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

**Diseases and immunisations**

Epilepsy	YES/NO	Chicken pox	YES/NO	Diabetes	YES/NO
Mumps	YES/NO	Asthma	YES/NO	whooping cough	YES/NO
Measles	YES/NO	German measles	YES/NO		

**Allergies**

\_\_\_\_\_ YES/  
NO \_\_\_\_\_

Vaccines : \_\_\_\_\_  
\_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name\_\_\_\_\_ Address \_\_\_\_\_ T:\_\_\_\_\_ mobile\_\_\_\_\_

In case of emergency, children will be taken to the nearest Hospital.

I give permission for the Manager to act as his/her representative in loco parentis in a medical emergency

**\*Please, do not allow your child to attend the class if he is ill.**

Date\_\_\_\_\_ Signature\_\_\_\_\_

*Christ Church Street French Nursery*

*Nursery : 3 Caversham London Street SW3 4AF - Pre-school 12 Alpha Place London SW3 5SZ*

*Office : 56 Slaidburn Street SW10 JW London tel: 020 7351 9648 info@nursery-chelsea.com*