CHILDS' MEDICAL HISTORY

NAME …… DATE OF BIRTH ……
(last name/first name) (day/month/year)

FATHER'S NAME…….. DATE OF BIRTH ……

MOTHER'S NAME …… DATE OF BIRTH …….

RECORD OF VACCINATIONS/DISEASES: Please record whether or not your child has had the following illnesses, as well as the dates of any vaccinations, and **provide copies of vaccination details.**

DISEASE	DATE(S) of VACCINATIONS RECEIVED	IF CHILD HAS HAD DISEASE, GIVE DATE
DIPTHERIA		
WHOOPING COUGH		
TETANUS		
POLIO		
MEASLES		
MUMPS		
RUBELLA/GERMAN MEASLES		
BCG (for tuberculosis)		

UNUSUAL ILLNESSES: Excluding common illnesses, please list any unusual medical problems

_____
_____
_____
_____
_____
_____
_____
_____

ALLERGIES: Does your child have any allergies? Please include any allergies to medications.

_____
_____
_____
_____
_____
_____
_____
_____

CHILDS' MEDICAL HISTORY

EAR/NOSE/THROAT PROBLEMS: Please list any unusual problems your child has had in hearing, ear infections, breathing (asthma), throat, etc.

_____

_____

FAMILY MEDICAL HISTORY: Please note any unusual problems which family members have encountered. Include any information about hereditary diseases.

FATHER_____

_____

MOTHER_____

_____

SIBLINGS (brothers, sisters):_____

_____

OTHER RELEVANT MEDICAL INFORMATION:
(Is the child using any medication? – Has he/she ever been hospitalised?)

_____

_____

_____

_____

_____

_____

_____

NAME/ADDRESS/TELEPHONE NUMBER OF FAMILY DOCTOR:

_____

_____

_____

EMERGENCY CONTACT: Who should we contact in case of an emergency? Please give TWO names and telephone numbers, along with relationship to child.

NAME	Tel. number during the day	Relationship to child

1._____

2_____

In certain instances staff may administer small amounts of medication e.g. paracetamol for headaches. First aid may be administered too, and if we are unable to contact you in an emergency, your child may be taken to the emergency department of a hospital for treatment.

I agree to emergency care being given to my child if I am unable to be contacted.

Date:

Signature of parents/guardians:_____Signature of School:_____