HEALTH INFORMATION CHECKENDON PRE SCHOOL

Please provide Checkendon Pre-School with any relevant information regarding your child’s health.

DOES ……………………………………………………………………..(child’s name) HAVE ANY ALLERGIES OR INTOLERANCES OR A MEDICAL CONDITION? YES / NO (delete as appropriate)

IF ‘YES’ PLEASE PROVIDE INFORMATION BELOW. IF ‘NO’ PLEASE STRIKE THROUGH THE LINES BELOW.

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DOES YOUR CHILD REQUIRE MEDICATION? YES / NO (delete as appropriate)

IF ‘YES’ PLEASE PROVIDE INFORMATION BELOW.

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MEDICINES (INCLUDING INHALERS/EPI-PENS ARE STORED IN THE FIRST AID BOX IN THE STAFF CUPBOARD. IF YOUR MEDICATION REQUIRES OTHER STORAGE PLEASE GIVE DETAILS BELOW)

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IF YOUR CHILD REQUIRES ONGOING MEDICATION YOU ARE REQUIRED TO COMPLETE AN ONGOING MEDICINE FORM TO ENSURE THAT CHECKENDON PRE SCHOOL STAFF MAY ADMINISTER THE MEDICINE DURING PRE SCHOOL OPERATING HOURS, IF NECESSARY.

HAS AN ONGOING MEDICINE FORM BEEN COMPLETED? YES / NO (delete as appropriate)

PLEASE LIST BELOW ANY FOOD/DRINK/SUBSTANCES THAT YOUR CHILD MUST NOT BE IN CONTACT WITH AT CHECKENDON PRE SCHOOL.

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IF THERE ARE ANY CHANGES TO YOUR CHILD’S PRESCRIPTION PLEASE INFORM US IMMEDIATELY.