

# Toasties Medical Needs Form

Child's full name.....Tick if EYFS child.....

Doctor's name.....

Doctors Address.....

.....Telephone number.....

Does your child or the child in your care have any known medical problems or additional needs?

Does your child have any known allergies or dislikes (foods or materials)? Please list any dietary requirements?

Any other information?

Parent/carer emergency contact information:

Name.....

Address.....

.....Telephone number.....

Name.....

Address.....

.....Telephone number.....

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 medical treatment and seek advice necessary to ensure the health and safety of my child on my behalf.

Signed.....

Date.....