

**Medical Information**

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| **Name:**  | **D.O.B.** |
| **Medical Condition / Identified Medical Need** |
| **Medically Diagnosed Yes No** If Yes, please provide details of Doctor / Consultant Name: …………………………………………………….. Role: …………………………………………………………..If the condition has been medically diagnosed, is there a Medical Care Plan in place?  **Yes** **No** Copy of Medical Care Plan provided to Pre-school. **Yes No**  |
| **Are they under regular medical supervision for the condition?**(If yes, please give details of what this involves)  |
| **EMERGENCY CONTACT** | **Name :** **Number :** |

**Parent/Carer Signature : …………………………………………………………. Date: ………………………………….**