

**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: ………………………………….**