



Kerswell Kids Sessional Preschool

Giving Families a Flexible Approach to Early Education Funding

Health & Wellbeing Information

Please complete all the sections						Child's Health & Wellbeing Information					
Name of Child											
Medical Information/Permission to Administer Medicine & Emergency Treatment											
Name of Doctor & Surgery Address											
Immunisations/Vaccinations - Has the child been fully immunised against:											
Diphtheria Yes / No		Pertussis (Whooping Cough) Yes / No		Tetanus Yes / No		Polio Yes / No					
MenC Yes / No		MenB Yes / No		Hepatitis B Yes/No		Pneumococcal Yes / No					
Measles Yes / No		Mumps Yes / No		Rubella Yes / No		HIB Yes / No					
Does the child have a dentist		Yes / No - Last Visit (month/year)									
Does the child have any special diets?		Yes / No (if yes, give details e.g. vegan/Halal etc)									
Does the child suffer from any allergies?		Yes / No (if yes, give details and if medication is required)									
Does the child require regular medication?		Yes / No (if yes, give details of medication)									
Administering 1 st Aid, Prescribed Drugs & Sunscreen											
I give permission for a member of Kerswell Kids' staff to apply sunscreen, administer 1 st aid; including administering prescribed drugs, in the event of an emergency, accident or allergic reaction.											
Emergency Treatment											
In the event of an accident or emergency treatment being required, I give permission for a member of Kerswell Kids' staff to arrange for the named child to be attended by a doctor or be taken to casualty for treatment. A senior member of staff will accompany the child to the hospital until the child's parent/carer arrives. The setting will continue attempts to make contact with the parent/carer if they had not been able to reach them immediately											
Signed:						Print Name:					
Emotional Health & Wellbeing											
Does the child have any additional needs? Indicated which services you are currently engaged with		Yes / No (if yes, give brief details)									
Portage	Speech & Language Therapy	Occupational Therapy	Educational Physiology	Visual Impairment	Children's Centre						
As a family are you supported by a Social Worker?						Yes / No					
						Name of Social Worker & Contact Number (if known)					
Permission to Share Information											
Under the General Data Protection Regulations we need to your permission to be able to receive and share information with the above services. Please sign below if you agree that Kerswell Kids Preschool can seek information from these services.											
Signed:						Print Name:					