# ChesswithDino

# Medical Form

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| **Child’s name:** | **Date of birth:** |
| **Doctor:** |
| **Doctor’s address:** |
| **Doctor’s telephone:** |
| Does your child or the child in your care have any known medical problems or additional needs? (Please list) |
| Please detail any medical needs your child has/medication taken: (please provide full details) |
| Does your child have any known allergies?  |
| Does your child have any dietary requirements? |
| Any other information relevant to your child’s health |
| Parent/Carer emergency contact telephone numbers:  |

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

Signed: Date:

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