

(PLEASE FILL IN ALL THE DETAILS AND IN CAPITAL LETTERS)

Childs Name:	
Medical Condition:	
Please state severity of condition:	
In case of allergies what should the child NOT have contact with? Please be precise	
In case of allergies what should the nursery be provided with, any medication/equipment for the condition?	
In the event of attention being required what action should be taken? (i.e. Immediate medical assistance/hospital)	
Please give details of revolving information	

Signed (Parent/Guardian):	Date:
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The Nursery Will:

Provide a caring, safe and stimulating environment, setting a high standard of achievement and behaviour

Inform parents through notice, newsletter and meetings

Respond to concerns as promptly as possible

Be open and welcoming and offer opportunities for

The Parents/Guardians will:

Ensure that my child attends nursery regularly and on time

Attend meeting as and when necessary

Let the nursery know of any concerns they have

Nursery Managers Signature:	Date:
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Signed (Parent/Guardian):	Date:
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