



Marching Eagles Nursery School

Creating • Learning • Playing

Medical Information

In the event of a child requiring urgent medical treatment, parents are required to authorise the management of Marching Eagles to seek the necessary medical help when they are unable to contact the parents or their nominated medical practitioner.

Please provide the following:

THE CHILD

First Names:

Surname:

Gender:

Date of Birth:

GUARDIAN

First Names:

Surname:

Tel Mobile:

Tel Office:

CHILD'S MEDICAL INFORMATION

Doctor:

Tel No:

Consulting Room Address:

Does your child suffer from any allergies?

Specify:

Does your child take special medication?

Dosage:

Main Medical Aid Member:

Name of Medical Aid:

Medical Aid Number:

I/We _____
(Parent's full name and Surname)

Hereby authorise Margaret and staff of Marching Eagles, to seek medical attention which our child may require.

Signed Mother: _____

Signed Father: _____

Date: _____