Little Pandas ELC

Street No.51 Villa No.6, Off Jumeirah Road, Behind Dubai Zoo, Jumeirah 1,
Dubai U.A.E

Telephone No: +971 4 344 6371

Offering a Caring & Stimulating Learning Environment

MEDICAL QUESTIONNAIRE

1 CHILD INFORMATION

First Name: Family Name:

Birth Date:

2 HAS YOUR CHILD RECEIVED THE FOLLOWING VACCINATIONS?

BCG	YES	NO	*DPT/Polio (3-4 Years)	YES	NO
*Diphteria, Pertussis,Tetanus (DPT)/ Polio / Hib (2, 3, 4 months)	YES	NO	*MMR (12 Months and 3-4 Years)	YES	NO
*Meningoccus (3, 4, 12)	YES	NO	Varicella (12 months and 4-6 Years)	YES	NO
*Haemophilus infuenzae (hib) (12 months)	YES	NO	Hepatitis A (12 -24 months / 2 doses)	YES	NO
Pneumococcal (2, 4, 12 months)	YES	NO	Hepatitis B	YES	NO
			Other (Specify):		

*Indicate British Standards Inmunizations

3 HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES OR SUFFER FROM ANY OF THESE CONDITIONS?

Chicken Pox	YES	NO	Epilepsy	YES	NO
Whooping Cough	YES	NO	Diabetes	YES	NO
Measles	YES	NO	Heart Trouble	YES	NO
Mumps	YES	NO	Operations	YES	NO
Fever	YES	NO	(Specify):		
Tuberculosis	YES	NO			
Pneumonia	YES	NO	Serious Injuries	YES	NO
Poliomyelitis	YES	NO	(Specify):		
Tonsillitis	YES	NO			
Frequent Colds/Sinusitis/H1N1	YES	NO	Others		
Fainting	YES	NO	(Specify):		
Asthma	YES	NO			

NOTES:

4 DOES YOUR CHILD HAVE ANY VISION/ HEARING IMPAIRMENTS OR LEARNING DIFFICULTIES? YES NO

Give detail, if YES:

5	DOES YOUR CHILD HAVE ANY RESPIRATORY DIFFICULTIES, PHYSICAL DISABILITY OR OTHER REASON TO HAVE RESTRICTED PHYSICAL ACTIVITY? YES NO	Give detail, if YES:
6	DOES YOUR CHILD HAVE ANY OTHER HEALTH ISSUE OR REQUIERE ANY SPECIAL MONITORING? YES NO	Give detail, if YES:

7	DOES YOUR CHILD HAVE ANY ALLERGIES OR FOOD RESTRICTIONS? YES NO	Give detail, if YES:

8 CALPOL POLICY/MEDICAL & MEDICINE ADMINISTRATION

Children who are not well should not attend the Centre. The Early Learning Centre program is active and involved so if they need rest or fever reducers, children must be kept at home. I agree that the Centre may administer Calpol / pain relief medication should it be required. The Centre will endeavour to telephone me should this be required. Any other medication may be administered as required in emergency subject to the signing off by the Parent of the Medicine Administering Form and doctors prescription attached which must be completed by Parent prior to any medication being left on premises.

Date:_____ Signature of Parent/Guardian:_____

9 CENTRE HEALTH POLICY / EMERGENCY TREATMENT

Children who are not well should not attend Centre and remain away until fully clear of illnesss / infection. To reduce the risk of cross infection, I agree to abide by the Centre Health Policy which outlines the requisite time away from the Centre, subject to change. In the event of an emergency, I agree to the Centre Nurse, and / or any member of staff providing emergency care including, if required calling an ambulance or calling in medical attention. If called in for a medical reason, I will endeavour to be at the Centre to collect my child within a maximum 1 hour and in no event after closing time. I agree that I will be responsible for any and all costs incurred and take full responsibility for treatment required and hold the Centre and its staff harmless in the event that we are unable to reach the parent and / or emergency contact to confirm the course of action to take. I agree to the Centre Terms and Conditions and agree to be bound by them.

Date:_____ Signature of Parent/Guardian:_____

10 CHILD'S FAMILY DOCTOR INFORMATION

Doctor's Name_____ Emergency No._____
Telephone No._____ Mobile_____
Health Ins. Co._____ Health Card No._____

11 PARENTAL UPDATE OF INFORMATION

I hereby confirm that all the above medical information is accurate and correct to the best of my knowledge I endeavour to provide **Little Pandas Early Learning Centre** with any changes to this information and when I become aware of them and have attached my child's update immunization form to this completed questionnaire.

Date:_____ Signature of Parent/Guardian:_____

FOR INTERNAL USE:

Date Received:_____ Signature:_____Follow up:_____