



Bubbles & Giggles Nursery

Medical Form

(To be filled-in by Parent / Guardian)

An Annual Medical Fee of AED 500/- to be paid along with Registration Fees

Copy of Immunization Card to be Attached.

Photograph of Child

Full Name of Child

Date of Birth (dd/mm/yyyy)

Nationality

Blood Group

Father's Name

Father's Mobile Number

Mother's Name

Mother's Mobile Number



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Is the child suffering from any allergies Yes No

If yes, please specify and attach letter from the doctor regarding allergy and instructions to follow in case of an allergy attach:

Is your child under any regular medication? Yes No

If yes, please specify:

Medical history:

Has your child suffered from any of the diseases mentioned below?

Chicken Pox

Typhoid

Epilepsy

Measles

Tuberculosis

Mumps

Others (Please specify)



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Is there any concern regarding the child that we should now?

Have all the vaccines been given to the child as per his / her age?	Yes	No
Photocopy of Child's Immunization Card has been submitted to the Nursery	Yes	No
Are you aware of all the vaccines to be taken for your child at the appropriate age?	Yes	No

PARENT / LEGAL GUARDIAN CONSENT AND AGREEMENT FOR FIRST AID & EMERGENCIES

The Nursery Nurse is allowed to administer any medication to the child ONLY with the written permission of the child's parents.

Medicine sent from home should have a doctor's letter attached, clearly mentioning the dosage and time the medicine needs to be administered.

I / We have read the Nursery's policy on Medication, managing children with allergies, managing children who are sick and / or infectious and agree to adhere to them.

I / We hereby confirm and declare that I have read the Nursery's Health and Safety Policy and that all the information set out in this application is true and accurate.

Signature of Parent / Guardian with Date

Documents to be attached:

Copy of Immunization Card

Tick if attached