



Medical Form

Please answer all questions carefully

- Does your child have any type of allergy YES NO

If yes specify _____

- Has your Child ever had an operation/injury YES NO

If yes, when did it happen please indicate date and description

- Does your child have specific dietary needs YES NO

If yes Specify _____

- Is your child taking prescription Medicine YES NO

If yes specify _____

- Please describe any other health or any other behavior issues.

The data requested will be only processed by the administration of Smiles child care centre. Under no circumstances will this data be passed to others. This data is needed so we will be able to give the best support if and when needed be to your child.

- I grant Smiles Care staff to seek medical attention if needed. YES NO

Parents/Guardian's Name _____ I.D. _____

Tel. / Mobile _____ Sign _____

Parents/Guardian's Name _____ I.D. _____

Tel. / Mobile _____ Sign _____

Kindly attach :- Birth Certificate – Immunization Records – Prescriptions