

# Medical Protocol

Please complete a separate form for each child

## Child's Details

Affix Suitable Photograph here

Name						
Date of Birth	D	D	M	M	Y	Y

I/We hereby notify Ark Childcare Ltd that our child suffers from no known medical conditions/the following medical conditions\*:

(\*delete as appropriate)

*Give full details of any known medical conditions such as asthma or allergies. Please note that you are obliged to notify us of these as part of your contractual agreement with us. Failure to do so means that we might be unable to take correct action which might endanger your child.*

I/We request that the following medicines are administered by Ark Childcare Ltd's staff on a **regular** or **routine** basis:

*Give full details of medicines (eg Calpol) that you wish to be administered, including quantity, periodicity, and circumstances in which to be given.*

I/We request that the following medicines are administered by Ark Childcare Ltd's staff on an **emergency** basis:

*Give full details of medicines (eg epipen) that you wish to be administered, including quantity, periodicity, and circumstances in which to be given.*

i/We understand that it is our responsibility to supply all medicines, confirm that they are in date and to mark them clearly with the child's name.

**Health Professionals' Details**

GP	
Title	Dr
Forename	
Surname	
Address	
Postcode	
Tel	

Health Visitor	
Title (eg Mrs)	
Forename	
Surname	
Address	
Postcode	
Tel	

**Permissions**

I/We give permission /do not give permission* for first aid to be administered to my child in the unlikely event of them sustaining a minor injury. <span style="float: right;">(*delete as appropriate)</span>
I/We give permission /do not give permission* for my child to participate in spontaneous activities outside Ark Childcare Ltd's premises, for example, on a wood side walk, a visit to the park, or the beach. <span style="float: right;">(*delete as appropriate)</span>

**Signatures**

Parent/Guardian 1 Signature		Date	D	D	M	M	Y	Y
Parent/Guardian 2 Signature		Date	D	D	M	M	Y	Y

**For Use by Ark**

*comments/remarks*

Care Manager's Signature		Date	D	D	M	M	Y	Y
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