

MEDICAL FORM

345	MEDIOALI		
First Name	Middle Name	Family Name	
Date of Birth	Gender		
///	Male	Female	
Home Address	P0 Box	Home Phone	
Father`s Name	Father`s Mobile No	Fther`s Work Phone	
Mother`s Name	Mother`s Mobile No	Mother's Work Phone	
Physician Name		Clinic / Hospital	
Telephone Number		Mobile Number	
Insurance Compa	ny Chi	Child`s Insurance Number	

l +974 44414159

+974 77 731 386

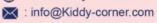
: www.kiddy-corner.com

Q: Qanat Qurtieh, street 4, pizza level, QQ 07 P.office: 207134

O Snapchat Kcd-Pearl 6 0 Kiddy - corner - Daycare - the - pearl

l +974 44414139

+974 77 731 392





Chicken Pox	Yes O No	Frequent colds / Sinustitis	Yes O N
Whooping Cough	Yes O No	Asthma	Yes O N
German Measles (Rubella)	Yes O No	Epilepsy	Yes O N
Measles	Yes O No	Diabetes	Yes O N
Mumps	Yes O No	Heart Trouble	Yes O N
Rheumatic Fever	Yes O No	Hepatitis	Yes O N
Scarlet Fever	Yes O No	Pneumonia	Yes O N
Tuberculosis	Yes O No	Poliomylitis	Yes O N
Tonsillitis	Yes O No		
Does your child have any aller If yes, please		s?	Yes O N
	One V	Vord	
	Consent For F	Paracetamol	
he nursery will always atter	npt to contact the p	arent prior to administering para	cetamol.If the
nursery cannot contact the p	arent immediately, administer parace	your signature below empowers tamol if required	
그리고 아내는	arent immediately, administer parace	your signature below empowers	
nursery cannot contact the p	arent immediately, administer parace	your signature below empowers tamol if required	
nursery cannot contact the p	arent immediately, administer parace	your signature below empowers tamol if required	
Signature of Par	arent immediately, administer parace rent	your signature below empowers tamol if required	the nursery to
Signature of Par	arent immediately, administer parace rent nursery nurse or a nt and / or treatmer	your signature below empowers tamol if required Date ny staff qualified in paediatric firs	the nursery to
Signature of Par I hereby authorize the carry out first aid treatmer	arent immediately, administer parace rent nursery nurse or a nt and / or treatmer	your signature below empowers tamol if required Date ny staff qualified in paediatric first for minor cuts / wounds as and	the nursery to
Signature of Par I hereby authorize the carry out first aid treatmer	arent immediately, administer parace rent nursery nurse or a nt and / or treatmer	your signature below empowers tamol if required Date ny staff qualified in paediatric firs to minor cuts / wounds as and Date	the nursery to
I hereby authorize the carry out first aid treatmer Signature of Par Signature of Par If emergency treatment is received the nursery. If the parents can earest medical centre or he an ambulance will be called	arent immediately, administer parace rent nursery nurse or a nt and / or treatmer rent Consent for emerquired, parents will be annot be reached immospital for emergency immediately. Efforts	your signature below empowers tamol if required Date ny staff qualified in paediatric firs to minor cuts / wounds as and Date	st aid to I necessary ir child form child to the emergency, parents are

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