



Kangaroo Kids Health Information Form

(To be completed & signed by Parent / Guardian of Child)

Child's Name: _____ Circle - Girl / Boy Date of Birth: _____

Child's Physician: _____ Child's Clinic: _____

Contact Number: _____

Preferred Clinic/Hospital: _____

Medical Diagnosis: (1) _____ (2) _____

Regular Medication(s): (1) _____ (2) _____

Emergency Medication(s): (1) _____ (2) _____

If your child has experienced any of the following please tick:

Asthma Croup Chicken pox Pneumonia Seizures Mumps

My child suffers from the following allergies/dietary requirements:

Has your child had any minor/major surgeries, major accidents, or hospitalisations? YES / NO

(If yes give detail & attach medical report)

If your child experiences with any of the following challenges please tick: *(If yes please specify)*

Fine motor skills Sleeping Communication skills Hearing Eating/Feeding
Bowel/Bladder management Gross motor skills Challenges with behaviour/social interactions

In case of emergency, Kangaroo Kids Nursery may call for an ambulance, the family physician or another available physician if needed to examine my child. (Without this permission, the nursery assumes no responsibility for emergency medical attention)

YES NO *(Please Circle)*

I authorise the Head Nurse to administer Baby Panadol / Adol drops / Ibuprofen to my child providing that my child has had the listed before:

YES NO *(Please Circle)*

I agree not to hold Kangaroo Kids Nursery responsible for any possible illness, accident or injury during classes or on the Kangaroo Kids Nursery premises.

We are a pro-immunization nursery as per the UAE government guidelines please confirm that your child is fully vaccinated and you intend to continue to offer vaccines to your child as recommended by your child's paediatric team.

By signing the below I hereby verify that I have read fully, understand and accept the statements above.

Signed: _____

Date: _____

Name: _____

Relation to child: _____