



Seagull Childcare

Shaldon, South Devon

Medical Record

Medical details	
Doctor's Name	Tel
Address	
Health Visitor	Tel
Medical conditions and any other relevant information (including medication if appropriate)	
Immunisations are they up to date ? YES/NO	
Dietary Needs, Allergies and Phobias	
Has your child attended necessary health check-uo appointments such as those recommended by your GP or health visitor i.e. speech, hearing and eye therapy	
I agree that I will inform Deborah Box if there are any changesto my childs health conditions as soon as possible and will periodically complete an up-to-date record form	
I further agree that if I or my childminder Deborah Box have any concerns regarding my child that could prevent and hold back my child's development that I will act accordingly to help and advise her.	
Signature of Parent/Carer Date	

Pledge of Consent	
As a registered and reposnible childminder/childcarer I will ensure that I will never contact the child's health visitor or GP without consent from the parent/carer and that any treatment i.e. medical treatment, must not be carried out without consent from the appropriate parent, G.P. and/or health visitor. We will not undertake any injections etc unless I have had the required training from a qualified nurse or doctor and have the consent from them and the parent carer to do so.	
Signature of Childminder.Childcarer..... Date	