The English Language Pre - School

Pooh Corner

MEDICAL INFORMATION

Name and address of chd's doctor

_____

_____

_____

Doctor telephone_____

Name and address of child's clinic

_____

_____

Clinic telephone_____
Clinic membership number_____
Child's PESEL number (if applicable)_____
Name of "Kasa Chorych" (if applicable) _____

_____

Details of any other Health Insurance valid in Warsaw_____

_____

Relatives/friends who may be contacted in the event of an emergency during school hours:

Name_____Tel. _____
Name_____Tel. _____

Please give details of any allergies or other health condition (asthma, fits, operations, etc.) with school should know about

_____

_____

_____

_____

_____

_____

Does your child wear glasses? _____

If yes for what reason? _____

When did she/he last have an eye check? _____

Does your child have any hearing problems? _____

Does the child have a history of ear infections? _____

Does the child have a problem with glue ear? _____

Injections/Immunisations

Detail of any injections/immunisations already received by your child (please answer yes or no, and when):

Diphtheria_____	Date_____
Tetanus_____	Date_____
Whooping cough (Pertussis)_____	Date_____
Polio_____	Date_____
Tuberculosis_____	Date_____
TB skin test (Mantoux)_____	Date_____
Measles_____	Date_____
Mumps_____	Date_____
German Measles (Rubella)_____	Date_____
Hepatitis A_____	Date_____
Hepatitis B_____	Date_____
Tick Encephalitis (European)_____	Date_____

Diet

What is your child special dietary needs/requirements?

_____

_____

_____

What is your child favourite food ad drink?

_____

_____

_____

What does your child not like to eat or drink?

_____

Is there anything else you think we should know about your child's diet?

_____

_____

Signature of Parent/Guardian _____ Date _____