



Child Medical Attention Declaration Form

To be completed by Parent/Carer before child returns to nursery.

*This form must be completed when a child has required medical attention from a **hospital, GP, urgent care, or other medical professional** before returning to nursery.*

Section 1: Child & Nursery Details

- **Child's Full Name:** _____
- **Date of Birth:** _____
- **Nursery Name:** _____
- **Room/Class:** _____

Section 2: Parent/Carer Details

- **Parent/Carer Full Name:** _____
- **Relationship to Child:** _____
- **Contact Number:** _____
- **Email Address:** _____

Section 3: Medical Visit Details

- **Date(s) of Medical Visit:** _____
 - **Type of Medical Service (please tick):**
 - GP Practice
 - Hospital (A&E / Outpatients / Ward)
 - Urgent Care Centre
 - Other (please specify): _____
 - **Name of Medical Practice / Hospital:** _____
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Section 4: Reason for Medical Attention

Please provide **full and clear details** of why medical attention was required.
(Include symptoms, injury, illness, or concerns that led to the visit.)

Section 5: Treatment / Outcome

Please detail **what was done** during the medical visit.
(Include examinations, tests, treatments, medication prescribed, or procedures.)

Section 6: Medical Advice Given

Please clearly outline **any advice provided by the medical professional**, including:

- Recovery guidance
- Medication instructions
- Activity restrictions
- Follow-up appointments
- Signs/symptoms to monitor

Section 7: Medication

- **Is your child currently taking medication?**
 Yes No

If yes, please provide details (name, dosage, timing):

(Please note: Medication can only be administered at nursery with a completed Medication Consent Form.)

Section 8: Child's Current Condition

- **Is your child currently symptom-free?**
 Yes No

If no, please describe any remaining symptoms:

- **Are there any restrictions on your child's activities?**
 No
 Yes (please specify): _____
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Section 9: Parent/Carer Declaration

Please read carefully and confirm below:

- I confirm that the information provided above is accurate and complete.
- I understand that the nursery relies on this information to ensure the health and safety of my child and others.
- I confirm that, to the best of my knowledge and based on medical advice received, **my child is well enough and suitable to return to nursery.**

- **Parent/Carer Signature:** _____
 - **Date:** _____
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Nursery Use Only

- **Name of Staff Form Received By:** _____
 - **Date Received:** _____
 - **Any Follow-Up Required:** Yes No
 - **Notes:**
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