Additional, Medical & Dietary Needs

Please specify any additional, medical or dietary needs. Please give us as much information as possible in order for us to care and look after your child to the best possible means.

Name_____

Additional Need _____

Medical Need _____

Dietary Need _____

Any medication needed:_____

_____

(If so please ask a member of staff for an administering medicine form)

- Will the medication be brought in every time the child is in our care ☐ (please tick if this applies)
- Will you leave the medication with us for the foreseeable future ☐ (please tick if this applies)

Please write as much information on your child's condition as possible

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