

Alison's Letterland Child Care Centre (Medical Record)

www.letter-land.com

info@letter-land.com

Medical Treatment Consent and Authorization Form

I

HK ID #

Residing at

Parent/ guardian of

Do hereby authorize registered staff members of Alison's Letterland Child Care Centre, to give con-sent to, including the signing of necessary documents, on my behalf, the arrangement of any medical and/ or surgical treatment to my above named child by registered medical practitioners in the manner that the medical profession deems necessary, while my child is entrusted to the care of the said child care centre.

In the event of illness or emergency affecting the child, medical advice should first be sought from

Signed

Parent/ Guardian

Witness by

Date

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Health Record

Child's Name

Sex

Date of Birth

Case No

Date of Admission

Name of Parents/ Guardian

HK ID #

Home contact #

Work contact #

Mobile contact #

Home Address

Notes

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Physical Examination

Date

History of Infectious Diseases

General Physique

Fontanel's & Head

Nutrition

Skin

Eyes & Vision

Ears & Hearing

Nose

Mouth

Teeth/ Tonsils

Speech

Glands

Heart

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Lungs

Abdomen

Umbilicus

Genitals

General Intelligence

Extremities & Spine

Special Notes, such as history of allergy, deformities, etc.

Notes:

Physician's Signature

Date

Company Chop
