

# ASHENGROUND COMMUNITY PRESCHOOL



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Haywards Heath  
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RH16 4JR

## Health Information:

Child's name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Today's Date: \_\_\_\_\_

Doctor's name, address and telephone number:

Is your child registered with a Dentist?      YES      NO

Health Visitor's name and telephone no:

Does your child have any special health requirements?

Any known allergies? (e.g. food, animals, plasters, medication, etc)

Does your child have any special dietary requirements or food allergies?

Are all childhood vaccinations up to date?      YES      NO

Anything else we need to know about your child's health? SEN/Speech & Language etc.  
Name and contact for social worker or anyone else involved in your child's Development?