

Medical information sheet 2021/2022

The parents are requested to fill out the following form with care and attach a copy of the vaccination card. Possible changes are to be notified as quickly as possible, so the information is always up to date. All the information will of course be treated with the most discretion. Thank you for your cooperation!

Child

Last name _____ First name _____
Address _____
Social security number _____ Health insurance _____
Private health insurance (CMCM ...) _____

Mother, father, legal guardian

Last name	_____	Last name	_____
First name	_____	First name	_____
Address	_____	Address	_____
Private tel.	_____	Private tel.	_____
Office tel.	_____	Office tel.	_____
Mobile tel.	_____	Mobile tel.	_____
E-Mail	_____	E-Mail	_____

Persons to be contacted in case of emergency, when the parents or the legal guardian are not reachable

Last name	_____	Last name	_____
First name	_____	First name	_____
Address	_____	Address	_____
Private tel.	_____	Private tel.	_____
Office tel.	_____	Office tel.	_____
Mobile tel.	_____	Mobile tel.	_____

Treating doctor of the child

Last name _____
First name _____
Address _____
Tel. _____

Information concerning the state of health of your child

Is your child suffering from a chronic illness at the moment? Yes No

If so, which one(s) : _____

Did your child have an operation in the past? Yes No

If so, which one(s) : _____

Did your child suffer from a severe illness in the past? Yes No

If so, which one(s) : _____

Medication

Does your child need to take medicine regularly? Yes No

If so, which one(s) : _____
(Name of the
medicine and the
dosage) _____

Is your child capable of taking the medicine independently? Yes No

I authorize the staff of the SEA Bertrange to give medicine to give the following
medicine to my child.* Yes No

If so, which one(s) : _____
(exact name of the
medicine) _____

*You will always be informed **beforehand** when your child is in need of medicine. If the staff can't reach you, they won't give any medicine to your child.

Allergies

Is your child suffering from allergies? Yes No

If so, which one : _____

If so, the treating doctor of the child has to fill out the medical information sheet about allergies and intolerances.

Nutrition

Is your child vegetarian? (without meet, fish and poultry) Yes No

Is your child allowed to eat/drink everything without restrictions? Yes No

Does your child have special diet? Yes No

If so, which one:
(please indicate the
food products that
need to be avoided) _____

Additional information

Your child is wearing

glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
contact lenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a hearing aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
dental braces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
other: _____		

Does your child have a disability (visual, motoric, mental, ...)? Yes No
If so, which one(s): _____

Does your child have problems with enuresis? Yes No
If so: rather during the day rather during the night

Is your child able to swim? Yes Yes (but with water wings) No

Is your child allowed to participate in any kind of activity (sport, ...)? Yes No
If not, what is to be avoided:

Comments

Please indicate all other important information about the state of health and the behaviour of your child:

Authorisation

I, the undersigned _____ *(father, mother, legal guardian)*
of the child _____

authorise hereby the staff of the SEA Bertrange, if I am unreachable, in case of an emergency or an accident, to consult a doctor. Yes No

authorise hereby the doctor, if I am unreachable, to perform any medical examinations and/or surgical examinations and interventions, in case of an emergency. Yes No

Date _____ place _____

Signature _____ *(father, mother, legal guardian)*

Authorisation

I, the undersigned _____ *father, mother, legal guardian*

of the child _____

authorise hereby my child to leave the SEA Bertrange alone Yes No

If so:

After a daily call from the father, mother, legal guardian Yes No

According to a fix schedule (please indicate precisely): Yes No

	My child leaves on:		My child returns to the SEA Bertrange:	
<input type="checkbox"/> Monday	_____ time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, at _____ o'clock
<input type="checkbox"/> Tuesday	_____ time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, at _____ o'clock
<input type="checkbox"/> Wednesday	_____ time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, at _____ o'clock
<input type="checkbox"/> Thursday	_____ time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, at _____ o'clock
<input type="checkbox"/> Friday	_____ time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, at _____ o'clock

authorise hereby, that the following persons* to pick up my child from the SEA Bertrange

Last name	First name	Telephone	Mobile phone
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

**Parents have to introduce the people that are allowed to pick up their children to the staff of the SEA. If this is not possible, parents have to give or send a copy of the ID card to the SEA Bertrange. Parents are also asked to indicate beforehand when one of the above-named persons are picking up their child.*

authorise hereby that, for the internal use* of the SEA, my child **can be photographed in the SEA Bertrange.** Yes No

can be filmed in the SEA Bertrange. Yes No

**for internal display in the SEA Bertrange and the media project*

authorise hereby that, for the external use* of the SEA, my child **can be photographed in the SEA Bertrange.** Yes No

can be filmed in the SEA Bertrange. Yes No

**for external publications of the commune and the SEA Bertrange*

Date _____ place _____

Signature _____ *(father, mother, legal guardian)*