

## MEDICAL INFORMATION SHEET 2022/2023

Dear parents,  
please fill out the following form with care. 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 \_\_\_\_\_

### PARENT(S) OR LEGAL GUARDIEN(S)

mother  father  legal guardian

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
*if other than the child's address*  
Work tel. \_\_\_\_\_  
Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_

*I authorize the SEA staff to send me letters and information by email*

mother  father  legal guardian

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
*if other than the child's address*  
Work tel. \_\_\_\_\_  
Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_

*I authorize the SEA staff to send me letters and information by email*

### PERSONS TO BE CONTACTED IN CASE OF EMERGENCY, WHEN THE PARENTS/LEGAL GUARDIANS ARE NOT REACHABLE

Last name \_\_\_\_\_ Last name \_\_\_\_\_  
First name \_\_\_\_\_ First name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

### TREATING DOCTOR OF THE CHILD

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Phone \_\_\_\_\_

## INFORMATION CONCERNING THE STATE OF HEALTH OF YOUR CHILD

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

If so, which one(s) : \_\_\_\_\_

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

If so, which one(s) : \_\_\_\_\_

3. Is your child suffering from a **chronic illness** or has **specific health needs**?  Yes  No

If so, which one(s) : \_\_\_\_\_

If so, does your child have a PAI (individualized support plan)?  Yes  No

→ a copy from the PAI has to be attached with the registration

4. Is your child suffering from allergies?  Yes  No

If so, which one : \_\_\_\_\_

If so, does your child have a PAI (individualized support plan)?  Oui  Non

→ a copy from the PAI has to be attached with the registration

→ If so, the treating doctor of the child has to fill out the medical information sheet about allergies and intolerances (« certificat médicale intolérance ou allergie alimentaire »)

5. Does your child have a disability (visual, motoric, mental ...)?  Yes  No

If so, which one(s): \_\_\_\_\_

6. Does your child need specific assistance?  Oui  Non

If so, which one(s): \_\_\_\_\_

7. Does your child have problems with enuresis?  Yes  No

If so:  rather during the day  rather during the night

8. Your child is wearing glasses  Yes  No

a hearing aid  Yes  No

dental braces  Yes  No

## NUTRITION

9. Is your child vegetarian? (without meat, fish and poultry)  Yes  No

10. Does your child need to follow a special diet?  Yes  No

If so, please indicate the food products that need to be avoided: \_\_\_\_\_

## MEDICATION

11. Does your child need to take medicine regularly during SEA time?  Yes  No

If so, which one(s) : \_\_\_\_\_

Name of the \_\_\_\_\_

medicine and the \_\_\_\_\_

dosage \_\_\_\_\_

12. Is your child capable of taking the medicine independently during his stay at the SEA?  Yes  No

→ If not, the form « délégation de soins » has to be filled out

**13. I authorize the SEA staff to give the following medicine to my child :**

Nurofen  Yes  Yes (after telephone agreement)\*  No  
Paracetamol  Yes  Yes (after telephone agreement)\*  No

\* If the SEA staff cannot reach you, they are not authorized to give medication.

**14. I authorize the SEA staff to use the following creams and products for my child:**

Arnica Cream  Yes  No  
Bepanthen Cream  Yes  No  
Fenistil Gel  Yes  No  
Polyseptol Cream  Yes  No  
Desinfection/cleaning spray  Yes  No  
Patches  Yes  No  
Sun cream (la Roche Posay, Avène or similar)  Yes  No

**15. I authorize the SEA staff to remove ticks?**  Yes  No

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

**17. 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ place \_\_\_\_\_

Signature \_\_\_\_\_ (father, mother, legal guardian)

## AUTORISATIONS

I, the undersigned \_\_\_\_\_ (father, mother, legal guardian)  
of the child \_\_\_\_\_

authorise hereby the staff of the SEA, if I am unreachable and 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

authorise hereby my child to leave the SEA alone  Yes  No

**if so,**

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

according to a fix schedule  Yes  No

→ if so, please fill out the form « autorisation de sortie »

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

|                          | Last name | First name | Telephone 1 | Telephone 2 |
|--------------------------|-----------|------------|-------------|-------------|
| <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. Parents are also asked to indicate beforehand when one of the above-named persons are picking up their child.

authorise hereby that my child can be photographed and filmed in the SEA:

for internal use in the SEA  Yes  No

for external publications of the commune and the SEA (during municipal and SEA events, excursions and external activities and external publications of the municipality (municipal bulletin, website, facebook ... )  Yes  No

authorize that my child can participate in spontaneous external excursions

by foot  Yes  No

with public transport  Yes  No

with the SEA van  Yes  No

Date \_\_\_\_\_ place \_\_\_\_\_

Signature \_\_\_\_\_ (father, mother, legal guardian)