

## MEDICAL INFORMATION SHEET 2025/2026

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 \_\_\_\_\_

☐ mother ☐ father ☐ legal guardian

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

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

Last name \_\_\_\_\_ First 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)?

☐ Yes

☐ No

→ 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?

☐ Yes

☐ No

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	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes (after telephone agreement) *	<input type="checkbox"/> No
Paracetamol	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes (after telephone agreement) *	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bepanthen Cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fenistil Gel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polyseptol Cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Desinfection/cleaning spray	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sun cream (la Roche Posay, Avène or similar)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**16. 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, DIMMI ... ) ☐ 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)