



CONFIDENTIEL QUESTIONNAIRE –
PLEASE FILL AND RETURN

Health declaration form
School year 2019/2020

Family name: **Given name:**

Class: **Date of birth:**

Social security number:

Father's name:.....

Mobile phone number:.....

Mobile phone number:

Work phone number:

Email address:

Mother's name:.....

Mobile phone number:

Work phone number:

Email address:

3rd person to contact should the parents be unreachable:

- Does your child have health problems? **yes** **no**
.....
- Does your child have allergies? **yes** **no**
.....
- Has your child had any medical records? **yes** **no**
.....
- Has your child had any surgery or clinical interventions? **yes** **no**
.....
- Does your child take a regular medication at home? **yes** **no**

Which one?

- Is actually a specialist in charge of your child? **yes** **no**

If yes, please indicate the name of the specialist

- Has your child ever been referred to a: Psychologist? **yes** **no**
- Speech therapist? **yes** **no**
- Ophthalmologist? **yes** **no**

Does he/she wear glasses? :

- Has your child ever benefited from a therapeutic support? **yes** **no**
.....

➤ I hereby authorize the administration of paracetamol should my child body temperature jump above 39°C: **yes** **no**

➤ I hereby authorize the administration of Arnica in case of contusions or hematomas: **yes** **no**

➤ I am duly informed that a medication may be given to my child only when it comes with a medical prescription: **yes**

➤ I am duly informed that any change in the state of health of my child must and shall be reported directly to the nurse : **yes**

All this information is confidential and cannot be transferred to a third party.

In case of a serious accident during school time, your child will be taken to the hospital by ambulance accompanied by the professionals of the emergency services. You will be immediately contacted by the School.

Date:.....

Parents 'signatures:.....