

MEDICAL INFORMATION SHEET 2024/2025

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 _____ 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)? 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 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, 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)