



MEDICAL QUESTIONNAIRE – SUMMER COURSE

Please complete in as much detail as possible

Name of student : _____ Date of birth : _____

1. Has your child had a tetanus vaccination? Yes No

If yes, please give date of vaccination : _____

2. Does your child suffer from allergies? Yes No

If yes, please give details : _____

3. Is your child currently being treated for a medical condition? Yes No

If yes, please give details : _____

4. Does your child follow a special diet? Yes No

If yes, please send a full medical report.

5. Does your child suffer from any health problems about which you feel we should be informed? Yes No

If yes, please give details : _____

6. What is the name of the health and accident insurance company of your child? _____
Insurance policy number : _____

We kindly ask you to inform us if your child is currently being treated for a medical condition. In such a case, please inform us of the medication and the dosage being taken. You can also send us a full detailed medical report if you consider it necessary

Furthermore, it is of the utmost importance that your child does not take any self-medication. In the past students have sometimes begun taking medication, even antibiotics, of their own accord, without any supervision. As you can appreciate, we cannot accept such a practice as it is extremely dangerous and could endanger your child's health.

At school we have first aid provisions and the school doctor or a replacement doctor is available 24h a day.

The school declines all responsibility in case of an accident resulting from a non-declared illness or the unsupervised use of medication.

Date: _____

Signature of the parents /legal guardian : _____