



Fiche Médicale < 18 Joer

Iwwersetzung op Englesch

English – Health Form < 18 years

1. Name
2. First name
3. Group
4. This form must be completed by the parents. All data will be kept confidential and this sheet will be destroyed after a maximum of one year.
5. Address (nr and street)
6. Postcode
7. Town
8. Telephone
9. Social Security Number
10. Health Insurance
11. Date of last vaccination against tetanus
12. Medical history (e.g. diseases, surgeries, disabilities, bedwetting, ...)
13. Allergies (food, plants, animals, medications, ...)
14. Treatment if available
15. Medications that must be taken on a regular basis (e.g. every day)
16. name of Medication
17. dose
18. in the morning / the afternoon / the evening
19. before /after meals
20. My child is able to take its medication by itself: yes / No, the leaders need to take care of this.
21. My child can participate in all physical activities and sports: yes / no
22. If not, which activities must be avoided ?
23. My child is a good / bad / non- swimmer.
24. Special dietary needs (if applicable)
25. Parents' contact data in case of emergency
26. Name and first name
27. Telephone
28. Who to contact if the parents are not reachable
29. Name and first name
30. Telephone
31. Relationship to the child
32. Physician who knows the child best
33. Name and fist name
34. Telephone
35. Additional comments
36. Parental authorization: I hereby authorize the youth leaders in charge to undertake the necessary measures in case of illness or an accident to my child, including to consult a doctor of their choice. In the case that my child's health required an urgent decision, and not being personally reachable, I leave the initiative to the attending physician for every investigation, medical or surgical treatment that he judges necessary.
37. Name and first name
38. Father / mother / guardian of
39. Child's name
40. Date
41. Signature
42. Cross out as applicable.
43. Please attach a recent copy of the vaccination certificate.
44. Please attach a copy of both sides of the social security card.