

SCHOOL MEDICAL FORM

I. GENERAL INFORMATION :

PUPIL'S LAST NAME : CLASS :
 FIRST NAME : DATE OF BIRTH/...../..... /
 First and last name and address of parents or legal guardian :

.....

Phone number home :
 In case of emergency, in order to contact you as fast as possible :
 Phone number father : office :
 Mobile phone number :
 Phone number mother : office:
 Mobile phone number

First and last name and phone number of a person supposed to contact you quickly : **(obligatory)**

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 In case of any contact changes, please inform the school office !
 In case of emergency, the injured or ill child will be transported to the most appropriate hospital. The school will inform the parents as soon as possible. A minor child is not allowed to leave the hospital without being accompanied by a member of his/her family.
 Other information you would like to communicate to the school :
 allergies (1) asthma (1) diabetes (1) heart diseases (1) other :

.....
(1) In case of disease which requires medication, the school will prepare an individualized protocole for the child, so-called PAI (projet d'accueil individualisé) at the beginning of the schoolyear.

Furthermore, in case your child suffers from any specific illness which might affect your child during his/her stay at school, please, keep the school administration informed. Another confidential medical form will be needed.

II VACCINATION (please, fill in the EXACT DATES)

TETANOS : re-vaccination- date : **OBLIGATORY**
 POLIO : re-vaccination- date : **OBLIGATORY**
 WHOOPING COUGH : re-vaccination- date :
 MEASLES: re-vaccination - date :
 RUBELLA : re-vaccination - date :
 MUMPS : re-vaccination - date :
 BCG. : re-vaccination - date:.....

First and last name, address and phone number of family doctor or specialist :

III INFORMATION

In case of emergency, the school principal will call the emergency and the parents will be informed as soon as possible. Afterwards, it is up to the emergency doctor to ask the parents' authorization for possible surgical procedure and if necessary, he will take a decision on his own depending on the emergency measures to be taken.

Date and signature:

