

Health Questionnaire

To enable the individual care of your child, we would ask you to please complete the following questions:

Surname: _____ Name: _____

Date of Birth: _____ Gender: _____

Personal information

Does your child suffer from any diseases? If so, please indicate and add a doctor's note.

☐ Asthma ☐ Diabetes ☐ Allergies ☐ Epilepsy ☐ Food intolerance
☐ Hearing aid ☐ Glasses/contact lenses ☐ other

Previous operations: _____
Medication _____

Please submit a copy of the current vaccination booklet

As of March 2020, measles vaccination is mandatory in Germany

Declaration of consent to administer medication (individual medication on demand)

If you wish to deposit medications/ emergency kits, Insulin, anaphylaxis medication (valid expiry date) in the Health Service Office, please complete the following consent form.

Consent to take medication as required (over-the-counter, pharmacy-only medication (painkillers, homeopathic medication, etc.).

Please complete the medication list accordingly.

Consent in cases of accidents

This is to consent that small wounds can be treated and that all necessary first aid measures can be taken even if the parents / guardians are not available. ☐ Yes ☐ No

I assure that the information I have provided is correct and complete. I will inform the school nurses of any changes (including new illnesses, changes in long-term medication) without delay and agree that my child is cared of, supported and advised, in accordance with the above given information.

Date: _____ Signature: _____