

## 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

Other

Medical aids

Glasses/contact lenses

Hearing aid t

Dental brace

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.

**Declaration of consent that your child is allowed to take medicine sold over the counter in pharmacies (painkillers, homeopathic medicine etc. ) see medication list attached.**

yes

no

### Consent in cases of accidents

This is to consent that small wounds can be treated and that in case of an emergency 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: