

## Health information sheet

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*Form SEA-05*

### CHILD'S DETAILS

|                     |   |
|---------------------|---|
| Surname             | First name  |
| Registration number | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

### CHILD'S CURRENT HEALTH STATUS

|   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Are there any details to be considered relating to the child's state of health? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, which   |                          |     |                          |    |
| Does your child suffer from a chronic illness (e.g. diabetes, epilepsy, etc.)?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, which   |                          |     |                          |    |
| Does your child follow a specific treatment?                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, which   |                          |     |                          |    |
| Does your child have any allergies?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, which   |                          |     |                          |    |
| Can your child participate in all activities, sports etc.?                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, which must be avoided ?  |                          |     |                          |    |

### Food

|   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Does your child have any food allergies?    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, which?                              |                          |     |                          |    |
| Does your child have any food intolerances? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, which?                              |                          |     |                          |    |
| Does your child follow a specific diet?     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If so, which ?                              |                          |     |                          |    |

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Medical certificate with details of food intolerances?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>Instructions from doctor</b>  |                          |     |                          |    |
| Medical certificate: sport restrictions  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Medical prescription : medicines in case of chronic illness  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is there an individualised care plan (PAI) in place ?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If so, which ?   |                          |     |                          |    |
| <b>Daily care</b>  |                          |     |                          |    |
| In the context of daily care and/or injury, the educational staff will use the products on this list <b>exclusively</b> . Can your child be treated with these products? |                          |     |                          |    |
| <b>Disinfectant:</b><br>disinfectant spray for minor injuries  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>Arnica naturel:</b><br>gel for bruises  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>Physiologica:</b><br>solution to clean nose or eyes   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>Purigel:</b><br>for insect bites  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>Crème solaire SPF 50:</b><br>sun protection   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>Ticks/Splinters</b>   |                          |     |                          |    |
| I consent to the staff of the SEA removing ticks/splinters from my child. I will be informed immediately.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

I am aware of my responsibility to update the information regarding the state of health of my child and **to inform the institution immediately in writing** of any change to it.

Place:

Date:

\_\_\_\_\_  
Signature of legal guardian

Name of child :

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| <b>For administrative use</b> |   |
|-------------------------------|---|
| <i>Form submitted</i>         | on ____/____/____ at ____ a.m./p.m.   |
| <i>Submitted via</i>          | <input type="checkbox"/> E-mail <input type="checkbox"/> post <input type="checkbox"/> delivered by hand<br>_____ |