elisabeth enfance

Health information sheet

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Form SEA-05

CHILD'S DETAILS

Surname		First name	
Registration number			

CHILD'S CURRENT HEALTH STATUS

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

Food

Does your child have any food allergies?	☐ Yes	☐ No
If yes, which?		
Does your child have any food intolerances?	☐ Yes	☐ No
If yes, which?		
Does your child follow a specific diet?	☐ Yes	☐ No
If so, which ?		

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Name of child :

Medical certificate with details of food intolerances?	☐	Yes	☐	No

Instructions from doctor

Medical certificate: sport restrictions	☐	Yes	☐	No
Medical prescription : medicines in case of chronic illness	☐	Yes	☐	No
Is there an individualised care plan (PAI) in place ?	☐	Yes	☐	No
If so, which ?				

Daily care

In the context of daily care and/or injury, the educational staff will use the products on this list **exclusively**.
Can your child be treated with these products?

Disinfectant: disinfectant spray for minor injuries	☐	Yes	☐	No
Arnica naturel: gel for bruises	☐	Yes	☐	No
Physiologica: solution to clean nose or eyes	☐	Yes	☐	No
Purigel: for insect bites	☐	Yes	☐	No
Crème solaire SPF 50: sun protection	☐	Yes	☐	No

Ticks/Splinters

I consent to the staff of the SEA removing ticks/splinters from my child. I will be informed immediately.	☐	Yes	☐	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

For administrative use	
Form submitted	*on ____/_______/_________ at ___________ a.m./p.m.*
Submitted via	☐ E-mail ☐ post ☐ delivered by hand _____________________________