

## 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> disinfectant spray for minor injuries	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Arnica naturel:</b> gel for bruises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Physiologica:</b> solution to clean nose or eyes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Purigel:</b> for insect bites	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Crème solaire SPF 50:</b> 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 <b>to inform the institution immediately in writing</b> 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 _____