



## Student Health Form

Please complete this form as accurately as possible, supplying **only local Swiss contact information**. Return it to the School Office as part of the application process and at the beginning of each school year.

### Family Information

Student

Family name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Given name/s \_\_\_\_\_ Nationality: \_\_\_\_\_

Home phone: \_\_\_\_\_

(Please add local information when available)

Address:

**Health Insurance** Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Father/Guardian

Father's name

Father's work phone

Father's mobile phone

### Mother/Guardian

Mother's name

Mother's work phone

Mother's mobile phone

### Local doctor

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

### Local emergency contact

In the event of an illness, accident or medical emergency, and when the school is unable to contact either the parents or their designated emergency contact, the school will act "in loco parentis" until one or both of the parents can be reached. It is the responsibility of the parents to supply the school with their up-to-date contact information and that of their emergency contact.

**Signed by Parent / legal guardian** \_\_\_\_\_

**Date** \_\_\_\_\_ **Place** \_\_\_\_\_



## Student Health Form

### General State of Student's Health

**Current medical considerations:** (e.g. allergies, disabilities, sight and hearing, asthma etc.)

### Ongoing Medication/ Treatment:

What Medication / Treatment? \_\_\_\_\_ for \_\_\_\_\_

Administered by: \_\_\_\_\_ How often? \_\_\_\_\_

Special considerations or provisions required by school:

---

### Immunization record

Please supply the most recent dates (month/year) of the immunizations:

Diphtheria Hepatitis A/B \_\_\_\_\_ HIB \_\_\_\_\_

Measles, mumps, rubella (MMR) \_\_\_\_\_ Polio (IPV) \_\_\_\_\_

Tetanus \_\_\_\_\_ Tick borne Encephalitis (FSME) \_\_\_\_\_

### Please sign this form below. Thank you.

I, the parent or guardian of the above named student, declare that I have answered the questions about his/her health record to the best of my ability and have not withheld any information. I agree to inform the school of any changes in the health status of my child.

I also understand that the school does not carry health, accident or liability insurance on its students and that it is my responsibility to provide for such insurance covering Switzerland and abroad.

I will not hold the school, or any of its employees, financially responsible or personally liable for the emergency care and/or emergency transportation of my child.

I further understand and accept that the school will act within its capacity to provide for the immediate physical well-being of every student during the time he/she is on school premises, or at a school sponsored event or trip. In the event of injury, accident or illness, I give permission for my child to receive medical treatment, including surgery, which on the recommendation of qualified medical personnel may be deemed necessary.

**Parent signature:** \_\_\_\_\_ **Date (day/month/year):** \_\_\_\_\_

**Please indicate if additional information should be attached:**