

Health form

Please fill in this form as accurately as possible. This form is part of the application.

Child's information

Last Name _____ First Name _____
Date of birth (d/m/y) _____ Nationality _____
Health insurance _____ Policy number _____

Parent's information

Father / Guardian

Last Name _____
First Name _____
Phone (home) _____
Phone (office) _____
Mobile _____
Email _____

Mother / Guardian

Last Name _____
First Name _____
Phone (home) _____
Phone (office) _____
Mobile _____
Email _____

Paediatrician

Name _____ Phone _____
Address _____

Local emergency contact details

In the event of illness, accident or medical emergency, and when KIDSZONE is unable to contact the parents / guardians or the emergency contact, the KIDSZONE will act "in loco parentis" until one or both of the parents / guardians can be reached.

Emergency contact

Name; relationship to child _____
Phone /Mobile _____

Health information

Chronical illnesses

Does your child suffer from any chronically medical conditions (asthma, diabetes etc.)?

Medical supervision?

Is your child currently under medical supervision for any physical or mental illness?

Allergies

Does your child have any known allergies?

Medication

Our child takes medication?

Yes

No

Medication	Use to treat
------------	--------------

Medication	Use to treat
------------	--------------

Blood group

Which blood group does your child have

Glasses/ contact lenses

Does your child wear glasses / contact lenses?

Yes

No

Operation

Has your child had any operation(s)?

Yes _____

No _____

Immunisation record

Which of the following vaccinations does your child have (including the date of the immunisation)? Please attach a copy of Immunisation record.

Diphtheria _____

Measles _____

Mumps _____

Rubella _____

Polio _____

Tetanus _____

Varicella _____

HIB _____

Whooping cough _____

Is there any additional health information you feel KIDSZONE should be aware of?

Yes _____

No _____

Please sign this form below.

I / We declare that I / we have filled in this form truthfully and have not withheld any information. I / We agree to inform KIDSZONE of any changes in the health status of my / our child as soon as possible. I / We also are aware that the KIDSZONE does not carry health, accident or liability insurance on the attending children and that it is my /our responsibility to provide for such insurance covering Switzerland. I will not hold KIDSZONE, or any of its employees, financially responsible or personally liable for the emergence care or emergency transportation of my / our child. I / We give permission for my / our child to receive medical treatment which is chosen by KIDSZONE, when KIDSZONE is unable to contact either the parents / guardians or their emergency contact.

Signature(s)

Date (d/m/y)