

SUMMER COURSE MEDICAL & WELL-BEING FORM

Please complete in as much detail as possible

Name of Student: _____

Date of Birth: _____

1. Is your child vaccinated against COVID-19? Dates / name of vaccine _____

2. When did your child last receive a tetanus vaccination? Date: _____

3. Does your child suffer from any allergies?

Food allergies

Yes

No

Environmental or seasonal allergies

Yes

No

Medication allergies

Yes

No

If you have answered yes to any of the above, please provide details. Include any medications or treatments required in case of allergic reaction.

*If you have indicated that your child has an allergy or intolerance to any food, we require the completion of an additional health form specifically regarding food allergies. We will send this to you on receipt of this health form. The allergy form must be filled out and signed by the child's doctor or allergist.

Although we strive to maintain the health and safety of the entire community, we cannot exclude the possibility of cross-contamination for certain allergens. In addition, we cannot take responsibility if an allergy is not declared before arrival at Brillantmont.

4. Does your child require a special diet for medical, cultural, or religious reasons? Please give details.

5. Is your child currently being treated for a medical condition (ex. asthma, diabetes, epilepsy, ADHD)?

Yes

No

Please give details regarding diagnosis, treatment and medications. Consider providing a full medical report if you feel that it is necessary.

6. Can your child participate in all sports activities?

Yes

No

If no, please give details.

7. Has your child experienced, or does your child experience, difficulties with their emotional well-being? For example, do they show signs of relationship difficulties, low mood issues, eating issues, or self-harm?

8. Has your child had any previous difficulties with Hearing, Speech or Language development? Please give details.

9. Has your child been identified with ADHD (Attention Deficit Hyperactivity Disorder), dyslexia, dysgraphia, autism, anxiety or have any other special learning needs? Please give details. Please be aware that if so, we may not be able to accept him /her since we do not have a Learning Support department.

10. Does your child have any difficulty making friends and settling in to new environments? Our team will support your child as much as possible, but it is important that he/she feels comfortable about the idea of Summer Course. Please give details as appropriate.

11. Is there any other relevant information you would like to share with us?

For the safety of all students, we ask that your child does not bring to the summer course any medication unless necessary for a specific medical condition and prescribed by a doctor. It can be very dangerous for young children to self-medicate in case of an illness.

Please advise your child to see the nurse if he or she becomes ill or injured.

The school declines all responsibility in case of an accident resulting from a non-declared illness or the unsupervised use of medication.

Please be aware that failure to give full information about your child, as requested in the various admissions documents, may result in the school no longer being able to accept him /her and may result in the school asking him/her to leave.

Date: -----

Signature of the parents/legal guardian: -----