

SCHOOL YEAR MEDICAL FORM

Parents / Guardians

This form should be completed and signed by the parents.

1. Please send the completed form to admissions@brillantmont.ch It will then be forwarded to the School Nurse.
2. The Doctor's Medical Certificate must be completed by your child's Medical Doctor and returned directly to the School Nurse.
3. Please ensure your child's vaccinations on the Doctor's Medical Certificate are up-to-date
Required vaccinations are marked with an asterisk (*).
4. **MEDICINE** – for the safety and wellbeing of your child, please do not send any medicine to school, except those detailed on this form.
5. Please contact the School Nurse if you have any questions or concerns by e-mail : nurse@brillantmont.ch

Name of student :

Date of birth : Nationality :

Parents' home address :

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Emergency tel. number:

Email address :

Name, address and relationship of contact person in case of health related problem, if different from the above:.....
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Basic Health Questions:

1-Does your child have any allergies?

- Food allergies no yes
- Environmental/seasonal allergies no yes
- Medication allergies no yes

If you have answered yes above, please specify what your child is allergic to:

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*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.

2-Does your child require a special diet for medical, religious, or cultural reasons? no yes

If you have answered yes above, please specify:

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3- Can your child fully participate in sports activities? no yes If you have answered no, please specify:

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4- Does your child wear glasses or contact lenses? no yes

If you have answered yes, please specify whether your child has glasses, contact lenses or both. In addition, when was your child's last eye exam?

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5- 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?

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

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7-Is there any other relevant medical information you would like to share with us?

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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.