

SUMMER COURSE MEDICAL QUESTIONNAIRE

Please complete in as much detail as possible

Name of Student: _____

Date of Birth: _____

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

2. 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. _____

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

4. 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.

5. Can your child participate in all sports activities?

Yes

No

If no, please give details. _____

6. Does your child know how to swim?

Yes

No

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.

Date: _____

Signature of the parents/legal guardian: _____