

CONFIDENTIAL HEALTH FORM

Name of the
pupil:
.....

Forename:
.....

Date of
birth:
.....

Place of
birth:
.....

Social security
number:
...

Name and telephone number of family doctor:
.....
.....

Please indicate if your child suffers from the following?

☐ fainting:
.....

☐ asthma:
.....

☐ bleeding
(nose, ...):
.....

☐ allergies
to:

☐ other:

Current illness requiring specific medication:
.....

.....
.....

.....
.....

Medicine(s) to be taken during the trip:

.....
.....

.....
.....

... / ...

Should you deem it appropriate, please provide your child with a copy of any relevant documents.

Name of the parents or legal representatives:

.....

Address (during the trip):

.....

Telephone (numbers where you can be contacted day and night):

.....

Date:

Signature of the parents or legal
representatives: