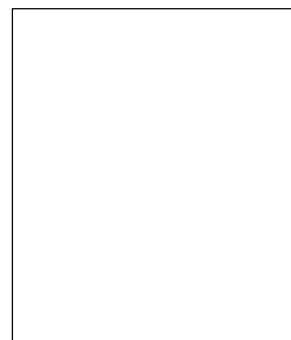


To be attached to the registration in a sealed envelope addressed to the medical service

Ecole européenne Luxembourg II

6, Rue Gaston Thorn

L-8268 BERTRANGE



### MEDICAL SERVICE

**CONFIDENTIAL QUESTIONNAIRE TO BE COMPLETED AND RETURNED  
ACCOMPANIED BY A COPY OF THE VACCINATION CARD**

#### PERSONAL DATA

Child's SURNAME	
Child's FIRST NAME	
Date of birth	
Place of Birth:	
Child's CNS registration number	
CITIZENSHIP:	
GENDER	Male. <input type="checkbox"/> Female. <input type="checkbox"/>
CYCLE	
CLASS	
LINGUISTIC SECTION	
ADDRESS	
Parent/guardian's NAME	
General Practitioner's NAME	

#### IMPORTANT CONTACTS

Mother:	Mobile telephone number	
	Landline telephone number	
	Work telephone number	
Father	Mobile telephone number	
	Landline telephone number	
	Work telephone number	

Person you trust who we can contact in case of accident or illness and who can possibly come and pick up your child if you are not reachable/available.

Name	
Relationship to the child	
Mobile/landline/work telephone number	

## FAMILY BACKGROUND

### FATHER

Surname:		First name	
Date of birth		Place of birth:	
CNS registration number		Occupation	
State of health		Height (cm)	

### MOTHER

Surname:		First name	
Date of birth		Place of birth:	
CNS registration number		Occupation	
State of health		Height (cm)	

### SIBLINGS

Surname and First name	Date of birth	State of health

## CHILD'S BACKGROUND

### Birth and development

	YES	NO
Born to term		
Resuscitation at birth		
Breathing, digestive or any other difficulties		
Malformations at birth:		
Weight at birth		
Length at birth		
Developmental delay		
Language disorder		
Do you have any comments on his/her behaviour		

**Has your child had any of the following illnesses? If yes, please indicate the date::**

	YES	NO		YES	NO
Measles			Repeated angina		
Rubella			Repeated bronchitis		
Chickenpox			Repeated otitis		
Mumps			Viral hepatitis		
Scarlet fever			Acute rheumatic arthritis		
Bacterial pneumonia			Bronchopneumonia		
Viral/Bacterial Meningitis					
Other					

**Hospitalisations, interventions and traumas:**

	YES	NO	DETAILS
Hospitalisation(s)			
Surgical intervention(s)			
Traumatism(s): Fracture			
Traumatism(s): BURN			
<b>other</b>			

**CURRENT STATUS AND FOLLOW-UP OF THE CHILD**

	YES	NO
Acquisition of personal hygiene skills (Prerequisites for the start of the nursery school year)		
Language disorder:		
Suivi par un Orthophoniste/Logopedist		
Hearing disorder		
Follow-up by an ENT		
Visual disturbance:		
Should (s)he wear glasses		
Follow-up by an Ophthalmologist		
Date of last check		
Follow-up by a Physiotherapist		
If it is a girl in puberty, does she menstruate?:		
Sleeping disorders		
Do you have any comments on his/her behaviour:		
Follow-up by a Psychologist:		
Pedagogical support in or outside the classroom		
Other		

**CHRONIC CONDITIONS AND MEDICATION**

	YES	NO		YES	NO
Allergies			Diabetes		
Food allergies			Epilepsy		
Food intolerance			Febrile seizures		
Asthma			Heart condition		
Hay fever			Digestive condition		
Eczema			Kidney condition		
other					

	YES	NO
<b>Need for emergency medication at school</b>		
<b>PAI (Individualised Care Plan "Projet d'Accueil Individualisé)</b>		
Need for chronic medication at home		
Need for chronic medication at school		

***In case of fever and/or pain, I hereby request and authorize the school nurse to administer:***

	YES	NO
<b><i>Paracetamol</i></b>		
<b><i>Ibuprofen</i></b>		

## IMPORTANT INFORMATIONS

### **In case of a health problem requiring special monitoring and/or medication:**

An Individualised Care Plan (Projet d'Accueil Individualisé\_PA I) signed by the doctor treating the child and the Ministry of Health, as well as the necessary medication, must be given to the nurses in the medical service as soon as the child starts school.

If your child does not have a PAI, please also inform the nurses.

### **In case of food allergy/intolerance, parents are responsible for the preparation of specific meals:**

- Hypoallergenic diet prepared at the canteen (NATAMA) :  
Eurest contact.eel2@eurest.lu or 00352 2631 3187  
Registration at the canteen is the responsibility of the parents..
- A food from home diet is prepared by the parents.

### **In the event of a serious accident during the school term:**

The school reserves the right to request the assistance of the emergency and intervention services.  
In this case, the care and transport of the pupils to the hospital unit on duty will be entrusted to and ensured through the ambulance service. (cf. MEMORANDUM)  
Parents are immediately informed.

***The information in this document is confidential and will be kept in the medical booklet and will only be given to the staff in charge of your child if necessary.  
When your child leaves school, you can pick up his/her medical booklet at the infirmary.***

The Medical Service remains at your disposal.

**Date :** ..... **Signatures of the parents :** .....

.....

<b>NURSES</b>		
<b>Ecole Européenne Luxembourg II</b> 6, Rue Gaston Thorn L – 8268 Bertrange	Nursery/Primary <a href="mailto:MAM-INFIRMERIE-MAT-PRI@eursc.eu">MAM-INFIRMERIE-MAT- PRI@eursc.eu</a>	Ms. Margarita RODRIGUEZ Ms. Marjorie THIRY
	Secondary <a href="mailto:MAM-INFIRMERIE-SEC@eursc.eu">MAM-INFIRMERIE- SEC@eursc.eu</a>	Ms. Alexandra ROTH Ms. Cathy BOURGOGNE