



## MEDICAL SERVICE

CONFIDENTIAL QUESTIONNAIRE TO BE COMPLETED AND RETURNED

ACCOMPANIED BY A COPY OF THE VACCINATION CARD

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

### European School Luxembourg I

23, Boulevard Konrad Adenauer  
L-1115 LUXEMBOURG

### European School Luxembourg II

6, rue Gaston Thorn  
L-8268 BERTRANGE

## 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"/> X <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					
<b>Other</b>					

### **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 ( <b>Prerequisites for the start of the nursery school year</b> )		
Language disorder:		
Follow-up by a 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 behavior?:		
Follow-up by a Psychologist:		
Pedagogical support in or outside the classroom		
<b>Other / Specification</b>		

## CHRONIC CONDITIONS AND MEDICATION

	YES	NO		YES	NO
* Allergies If yes, specify:			Diabetes		
Food allergies If yes, specify:			Epilepsy		
Food intolerance If yes, specify:			Febrile seizures		
Asthma			Heart condition		
Hay fever			Digestive condition		
Eczema			Kidney condition		
<b>Other / specification</b>					

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

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

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

# IMPORTANT INFORMATION

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

An Individualised Care Plan (Projet d'Accueil Individualisé\_PAI) 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:**

**EELux1:**

**\* Registration for the canteen is the responsibility of the parents. Sodexo: [www.sodexoeducation.lu](http://www.sodexoeducation.lu)**

- Hypoallergenic meal tray : [Procédure allergies Ecole Européenne EN \(euroschool.lu\)](http://Procédure%20allergies%20Ecole%20Européenne%20EN%20(euroschool.lu))
- A "food from home diet" is prepared by the parents

**EELux2:**

**\* Registration for the canteen is the responsibility of the parents. Sodexo: [www.sodexoeducation.lu](http://www.sodexoeducation.lu)**

- Hypoallergenic meal: please contact Sodexo
- Registration for the canteen is the responsibility of the parents.
- A "food from home diet" is prepared by the parents
- In the event of a food allergy or intolerance, please inform the infirmary and your child's class teacher as soon as the school year starts.

**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 : .....**

NURSES European School Luxembourg I		
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