To be added to the application form in a closed envelope addressed to the nurse

European School Luxembourg I
23, Boulevard Konrad Adenauer
L – 1115 LUXEMBOURG

European School Luxembourg II
6 Rue Gaston Thorn
L – 8268 BERTRANGE

SCHOOL MEDICAL SERVICE

CONFIDENTIAL QUESTIONNAIRE
TO COMPLETE AND RETURN
TOGETHER WITH A COPY OF THE VACCINATION CARD

PERSONAL INFORMATION

NAME of child: ……..… FIRST NAME: ……..……...…

DATE of birth: ……. PLACE of birth: ……..……...…….

NATIONALITY: ……. SEX: Masc. ☐ Fem. ☐

Cycle: …….. Class: ……Language section ……...

ADDRESS: …….

NAME of parent or guardian: ……....

ADDRESS: ……....

NAME of current doctor: ……..…….

CONTACT DETAILS

Tel Mother: Private: …….. Office : ……..

Mobile : : ..……

Tel. Father: Private: …… Office : ……...……

Mobile :……..……...……...……

Contact details of another person who has your permission to collect your child in case we are unable to reach you.

NAME: ……..……..

Tel : Private : …… Office: ……

Mobile: …….

FAMILY HISTORY

FATHER

Name:…….First name…...…….

Date of birth: …….Place of birth: …..…..……..

Profession: ..…….…….……State of health: ……..……...

Height : (cm) : …….

MOTHER

Name:…….First name……...…….

Date of birth: …….……Place of birth: ...…….……..

Profession: …..…….……State of health: ..……...……...

Height : (cm) ……...

Siblings

Names	Place and date of birth	State of health

PREVIOUS MEDICAL HISTORY

Circumstances surrounding the birth and development

Was the child born at term?	Yes/No
Before term ?	Yes/No
After term?	Yes/No
Did the child have to be resuscitated?	Yes/No
Were there any breathing, digestive or any other difficulties?	Yes/No
Were there any malformations at birth ?	Yes/No

Comments if yes…….

WEIGHT at birth……...…LENGTH at birth…….

Did your child walk unaided by the age of 18 months?	Yes/No
Does your child have any of the following problems?:	
A developmental delay?	Yes/No
Hyperactivity ?	Yes/No
Psychological or behavioural problems ?	Yes/No
Any syndrome ?	Yes/No
Other problems other than those listed above?	Yes/No

…….

Infectious Illnesses

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

Measles: .....

Viral or bacterial Meningitis: ……....…….……..

Rubella: ……...

Viral Hepatitis: ……..

Chickenpox: …….

Bronchopneumonia: .....

Mumps: ….……..…….
Scarlet Fever: ……
Rheumatic Fever :……..…

Bronchitis: ……...……..
Repeated Otitis: ……...……..
Repeated Tonsilitis :……..……..

Chronic Illnesses, Hospitalisations and Injuries

Allergies* ?	Yes/No	Convulsions ?	Yes/No
Specify if yes...…….		Epilepsy?*	Yes/No
		Diabetes ?*	Yes/No
……..……		Cardiac problems ?*	Yes/No
Asthma ?*	Yes/No	Digestive Problems ?	Yes/No
Eczema ?	Yes/No	Urinary problems?	Yes/No
Hay fever ?	Yes/No	Other illnesses……	
Haemophiliac ?*	Yes/No	……..…….	
Has your child had :		……..……..	
Any surgical interventions?	Yes/No	Specify if yes: ….....	
Injuries/Trauma? : Fractures	Yes/No	Specify if yes: ….....	
Burns	Yes/No	Specify if yes: ….....	
Admissions to hospital?	Yes/No	Specify if yes: ……	

Does your child need "emergency medication" at school? Yes/No

***In case of health problems which need a particular supervision and/or an emergency intervention, a document called "Projet d'accueil individualisé" /personal emergency plan (PAI) that is issued and signed by the family doctor. The necessary medication also has to be handed to the nurse of the school in which the child is enrolled.**
You will find the PAI with the following links :
http://www.euroschool.lu/esluxone/Home/medical.html#medical-pai

It is the responsibility of the parents for the preparation of meals for children with allergies.
It is possible for meals to be prepared specifically for children with dietary allergies. Please contact:

- the catering company of Luxembourg I: Sodexo www.sodexoeducation.lu.
- the catering company of Luxembourg II: Eurest contact.eel2@eurest.lu or 00352 2631 3187.

The registration at the canteen is the parents' responsibility.

CURRENT STATE OF HEALTH

Is your child in good health? Yes/No
Specify if no:…….....

Does he/she speak correctly? Yes/No
Does he/she have any difficulty with pronunciation? Yes/No
Does he/she stutter? Yes/No
If yes, does this occur often? .....

Is he/she completely independent when going to the toilet? Yes/No
If no, what problems persist? .....
Children has to be dry and potty trained before starting at Nursery
Does your child sleep well? Yes/No from……to.…….……..
If no, what trouble does he/she have? .....

(For older girls) Has your daughter started menstruating? Yes/No

Is he/she often sad? Yes/No

Does he/she sleep in his/her own room?	Yes/No	withdrawn?	Yes/No
Does he/she sleep in his/her own bed?	Yes/No	anxious?	Yes/No
Is he/she nervous ?	Yes/No	indifferent?	Yes/No
Is he/she often angry?	Yes/No	aggressive ?	Yes/No
Does he /she often cry?	Yes/No		

Does your child prefer to play alone or does he play easily with other children?
……

CURRENT TREATMENT

Is your child currently taking any medication? Yes/No
If yes, please specify which…….
…….

Is he/she receiving physiotherapy ? Yes/No
Has your child had an ophthalmic examination ? (Vision test) Yes/No
Does he/she wear glasses? Yes/No regularly? Yes/No
occasionally? Yes/No
Date of the last vision test? ……

Do you feel that your child hears normally? Yes/No
Is his/her hearing being monitored? Yes/No

Has he /she ever been referred to a:psychologist? Yes/No
speech therapist? Yes/No
Has your child benefited from a Learning Support service either in or out of the classroom? Yes/No
Has your child benefited from a specially adapted Individual Educational Programme? Yes/No
Comments, if yes ……
…….

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All this information is confidential and cannot be transferred. If the child leaves the school, the parents may recover the form from the Medical Service.

In case of fever and/or pain, I hereby request and authorize the school nurse to administer:
Paracetamol Yes/No
Ibuprofen Yes/No

If your child suffers from a chronic disease or from an illness that requires special attention, please do not forget to inform the teacher and give him/her the necessary instructions as soon as possible.

In case of a serious accident whilst your child is at school, he/she will be taken to the hospital by ambulance, accompanied by the professionals of the emergency services. You will be immediately contacted by the school.

The Medical Service remains at your disposal, of course.

Date:…… Parents' signatures:……..……

……..…….

NURSES		
European School Luxembourg I *23, Boulevard Konrad Adenauer* *L – 1115 Luxembourg*	*Nursery*	*Mrs. Claudine REUTER*
	Primary	*Mrs. Nadine FAYOLLE* *Mrs. Larissa MOLITOR*
	Secondary	*Mrs. Silvia GARCIA* *Mrs. Nadine FAYOLLE*
European School Luxembourg II *6 Rue Gaston Thorn* *L – 8268 Bertrange*	*Nursery/Primary*	*Mrs. Margarita RODRIGUEZ* *Mrs. Marjorie THIRY*
	Secondary	*Mrs. Alexandra ROTH* *Mrs. Marjorie THIRY*