



Medical Form	<i>CONFIDENTIAL</i>
GARDERIE & STUDY CENTRE	
Centre Polyvalent de l'Enfance	
<u><i>To be completed by the person having a statutory link with the Institution and a doctor and returned to the Medical Service of the</i></u>	
Early Childhood Centre (CPE) 1, rue Albert Borschette L - 1246 Luxembourg - Kirchberg	

To be completed by parents

Garderie

Study Centre

tick the corresponding box

Year 20.. / 20.. *

ENFANT

Surname of child: *

First name of child: *

Sex: *

M

F

Date of birth:*

Place of birth:*

Parents' address: *

Home telephone: *

** compulsory fields*

FATHER

Surname: *

First name: *

Office telephone:*

Mobile:*

E-mail address: *

MOTHER

Surname: *

First name: *

Office telephone:*

Mobile:*

E-mail address: *

** compulsory fields*

OTHER PERSON(S) TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

Surname and first name: *

Mobile: *

*** An up-to-date copy of the child's vaccination record must be provided**

*** Information provided by the parents and signed by the paediatrician**

To be completed by the doctor

I) Does the child have * (please specify)

- a psychomotor impairment
- a sensory impairment:
 - a hearing impairment.....
 - a sight impairment.....
- behavioural problems
- a speech impediment or disorder
- a hyperactive syndrome (hyperkinetic child)
- allergies (if so, attach a report from the allergy specialist)
- haemorrhagic tendencies (haemophilia, etc.)
- epilepsy (seizures)
- diabetes
- a gluten intolerance
- special dietary requirements
- an ongoing need to take medication (specify what medication and how it is administered)
.....

II) Has the child contracted one or more of the following illnesses? * (please specify)

(if the answer is yes, specify the date (year) of the illness)

- mumps.....
- rubella (German measles)
- chicken pox.....
- otitis (ear infection)
- asthma
- measles
- scarlet fever
- surgical operations
- other illnesses

*** *The undersigned doctor of medicine (name, address, telephone and stamp of the doctor are compulsory)***

.....
.....

certifies that the child does not show any symptoms of an infectious disease, does not have a transmissible skin disease, and is not harbouring parasites.

Other observations and notes:

.....
.....
.....

Date

Signature

To be completed by the parents

*** Parents' authorisation:**

I, the undersigned, (surname and first name of the parent): *

authorise the *Medical Service and the administration of the CPE* to take any medical or surgical measures that might be required by the condition of my child (surname and first name of the child *
.....
.....

- in the event of the child becoming ill or having an accident while at the CPE;
- in the event of an emergency or an accident to immediately take him/her to the hospital on duty.

I have read and understood the rules on admission to and operation of the CPE and I accept the conditions.

Luxembourg (date) *Signature*

Incomplete files will not be accepted by the Medical Service