HEALTH QUESTIONNAIRE

Summer Camps
Le Rosey

Please return the following questionnaire **before the beginning of the camp to: roseycamps@rosey.ch**

Surname _____

First name _____

Sex ☐ M ☐ F Date of birth ___ / ___ / ___ (D / M / Y) Blood group *(optional)* _____

Height _____ cm Weight _____ kg Age _____

Person to contact in case of emergency (Name and phone number)

_____

Medical history / Surgical history

_____

Current treatments _____

Medication _____

All medicine must be labelled with the child's name and the exact dosage, and handed over to the nurse. For the safety of all, students are not allowed to keep medicine in their rooms; self-medication is not allowed.

Allergies _____

If your child suffers from allergies (horses, cats, dust, insect bites, etc), we advise you not to opt for horse-riding.

Asthma ☐ Yes ☐ No Diabetes ☐ Yes ☐ No Hyperactivity ☐ Yes ☐ No

Dermatitis ☐ Yes ☐ No Epilepsy ☐ Yes ☐ No

Psychological or psychiatric treatment in progress ☐ Yes ☐ No Reason for treatment:

_____

VACCINATIONS

If you have your child's vaccination certificate, please send a copy to us.

	Diphtheria	Tetanus	Polio
Date			
Booster Date			

☐ Should your child require medical treatment, a tetanus vaccination may be necessary. Please tick this box if you do not wish your child to receive a tetanus injection in this case.

Remarks _____

Le Rosey declines all responsibility should important medical information be omitted from this form.
I certify the above information to be correct.

Date _____ Parent's or Guardian's Signature _____