

ESM health service (HS) health questionnaire

To enable the individual care of your child, we would ask you to please complete the following questions:

Surname	Name	Gender	Class
	Tel. Mother	Tel. Father	
Date of birth	Emergency telephone numbers of guardians		

Information about general practitioner or pediatrician, name and contact number

Personal information

Which medical condition does your child suffer from? **Please submit the Doctors report**

- Asthma
- Diabetes / Insulin pump
- Allergies
- Anaphylaxis
- Epilepsy

Acute / chronic.....

Previous operations.....

Medications.....

- Aids**
- Glasses / contact lenses
 - Hearing aid
 - Dental brace

Tetanus immunisation Yes No Date of the last vaccination

(Please specify)

Declaration of consent to administer medications

If you would like to deposit medications/ emergency kits, Insulin, anaphylaxis medication (valid expiry date) with the health service, please complete the following consent form.

https://esmunch.de/fileadmin/Website/Downloads/Unsere%20Schule/Gesundheitsdienst_Medikamentenverabreichung_EN.pdf

Declaration of consent (see list, next page)

To administer over the counter, pharmacy medications, painkillers, homeopathic medicines etc.

- Yes
- No
- Only after prior consultation

These medications should not be administered:

Consent in cases of accidents

I herewith acknowledge and give my consent that necessary emergency measures (first aid, calling of emergency services, treatment of small wounds) to be taken even if the guardians or the contact person cannot be contacted,

- Yes
- No

I certify that the information I have given is complete and correct. I will inform the health service immediately of any changes (new illness, new medication) and I am in agreement that my child is cared for, supported and advised, in accordance with the above given information.

Date Guardians signature

Medication inventory list

HS Update 04.2025

Tablets	Homeopathic medicines	Medicinal drops	Creams	Medicinal syrups
Paracetamol 500mg	Angin Heel	Fenistil	Bepanthen	Prospan
Ibuprofen 400mg u. 200mg	Arnica D6	Salviathymol	Arnica 25%	
Buscopan u. Buscopan Plus		Iberogast	Fenistil	
Cetiricin		Rescue	Voltaren ab14 J.	
Fenistil		Otriven NT	Votaren Forte	
Silomat LT		Vividrin AT	Polysept	
Isla LT		Euphrasia AT		
Dolo Dobendan_LT		Bepanthen AT		
Vomex				

Other treatments

Wound disinfectant spray	Tea (fennel + sage)
Octenisept	
Aerosol	Bite Away (warming treatment for insect bites)
Salbutamol (Emergency medication)	

As guardian of....., I give my consent that the ESM health service can administer the above listed medications/ remedies to my child in age approved doses.

Date Place

Guardians signature