

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
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Medication inventory list

Tablets	Homeopathic medicines	Medicinal drops	Creams	Medicinal syrups
Paracetamol 500mg	Traumeel s	Fenistil	Bepanthen	Prospan
Ibuprofen 400mg u. 200mg	Angin Heel	Salviathymol	Traumeel	
Buscopan u. Buscopan Plus	Nux Vomica D6	Iberogast	Fenistil	
Cetiricin	Cocculus D6	Rescue	Voltaren ab14 J.	
Fenistil	Gelsemium D6	Otriven NT	Arnica	
Dobensana Junior_LT	Ipecacuanha D6	Vividrin AT	Calendula	
Isla LT	Phosphorus D12	Euphrasia AT		
Dolo Dobendan_LT	Arnica D6			
	Calendula D6			
	Lycopodium D6			
	Chamomilla D6			

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