

## Parent's Medical Form – Day Student

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Student health and well-being is at the center of all that we do at Brillantmont. In order for students to reach their full academic and social/emotional potential, they must be in their best state of health both physically and mentally. Our students are all different, come from diverse backgrounds and have individual needs. Our School Nurse works closely with the Pastoral Care and Well-Being Coordinator, and families to manage the health care needs of the students. In case of illness or injury, the school nurse will provide immediate care and contact the parent or guardian. Parents are responsible for collecting their child or organizing appropriate transportation home in case of illness. Essential to providing optimal and effective care is having a clear understanding of a student's medical history.

### Vaccinations

Please provide an up-to-date copy of your child's vaccination booklet or record. Certain vaccinations are **REQUIRED** to join the Brillantmont community (Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B, Measles, Mumps and Rubella).

### Medicines

Our School Nurse, boarding staff, and teachers supervising trips and activities, have a selection of prescription-free, basic medicine approved by the School Doctor to treat minor illness and injury. By signing this form, you are agreeing to the administration of these medications by the Brillantmont Staff. Parents are responsible for communicating all known allergies to medications and the school cannot be held responsible in the instance of a reaction to an undeclared (yet known) allergen.

If your child is prescribed a medication that he or she needs to take during the school day or on a school trip, please inform the school nurse in a timely manner ([nurse@brillantmont.ch](mailto:nurse@brillantmont.ch)).

### Basic Health Questions to be completed by a parent or guardian

1-Does your child have any allergies?

- |                                    |                             |                              |
|------------------------------------|-----------------------------|------------------------------|
| • Food allergies                   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Environmental/seasonal allergies | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Medication allergies             | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

If you have answered yes above, please specify what your child is allergic to:

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\*If you have indicated that your child has an allergy or intolerance to any food, we require the completion of an additional health form specifically regarding food allergies. We will send this to you on receipt of this health form. The allergy form must be filled out and signed by the child's doctor or allergist.

**Although we strive to maintain the health and safety of the entire community, we cannot exclude the possibility of cross-contamination for certain allergens. In addition, we cannot take responsibility if an allergy is not declared before arrival at Brillantmont.**

Student's Name:

2-Does your child require a special diet for medical, religious, or cultural reasons? No  Yes

If yes, please specify: .....

3- Can your child fully participate in sports activities? No  Yes

If no, please specify: .....

4- Does your child wear glasses or contact lenses? No  Yes

If yes, please specify whether your child has glasses, contact lenses or both. In addition, when was your child's last eye exam?

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5- When was your child's last dental check-up? Is your child undergoing any orthodontic treatment? If so please specify.

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6- Has your child experienced, or does your child experience, difficulties with their emotional well-being? For example, do they show signs of relationship difficulties, low mood issues, eating issues, or self-harm?

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7-Has your child suffered any difficult, traumatic, or psychological experiences that could influence their well-being? For example, dog bites, abuse, death, separation).

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8- Has your child had any previous difficulties with Hearing, Speech or Language development? Please give details.

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9- Is your child currently undergoing any medical treatment, physical or psychological? Please specify.

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10 -Is there any other relevant medical information you would like to share with us?

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**Duty of Care**

By signing this form, the parents give permission for health information of their child to be shared in confidence with the members of staff who are directly responsible for the care of their child.

**Please be aware that failure to give full information about your child, as requested in the various admissions documents, may result in the school no longer being able to accept him /her.**

Date: .....

Signature: .....