

SUMMER COURSE MEDICAL & WELL-BEING FORM

Please complete this form in as much detail as possible

Family name of student:

Date of birth :

First name of student:

Gender:

Nationality :

Student health and well-being is at the center of all that we do at Brillantmont. In case of illness or injury, the school nurse and/or a member of staff will provide care or arrange care by the school doctor or nearby hospital. 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. Please provide the dates for the most recent dose of the following: Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B, Measles, Mumps and Rubella.

Vaccine:	Date	Vaccine	Date
Diphtheria		Tetanus	
Pertussis		Polio	
Measles		Mumps	
Rubella		Hepatitis B	

Medicines

For the safety and well-being of all, we ask that your child DOES NOT bring to the Summer Course any medication unless necessary for a specific medical condition and prescribed by a doctor. Students are forbidden to keep medicine in their rooms unless it has been approved and agreed upon by the Health Department. On arrival, all medications need to be turned into the School Nurse for review and storage. If your child takes a prescription medication, please provide a copy of the prescription with clear instructions.

Our School Nurse and staff have a selection of prescription-free, basic medicine approved by the School Doctor to treat minor illness and injury. Prescription medicine may be ordered by a doctor should the need arise. 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.

Basic Health Questions

1. Does your child suffer from any allergies?

Food allergies

Yes

No

Environmental or seasonal allergies

Yes

No

Medication allergies

Yes

No

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

*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.

2. Does your child require a special diet for medical, religious or cultural reasons? Yes No
If yes, please specify

3. Can your child participate in all sports activities? Yes No
If no, please specify

4. Does your child wear glasses or contact lenses? Yes No
If yes, please specify whether your child has glasses, contact lenses or both. In addition, when was your child's last eye exam ?

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

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?

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

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

9. Has your child been identified with ADHD (Attention Deficit Hyperactivity Disorder), dyslexia, dysgraphia, autism, anxiety or have any other special learning needs?
Please give details.

10. Does your child have any difficulty making friends and settling in to new environments?

11. Has your child already participated in a residential summer camp? Yes No

12. Is there any other relevant medical information you would like to share with us?

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 our staff who are directly responsible for the care of their child. By signing this form, the parents release doctors, dentists, or medical institutions who are involved in the care of the child from the obligation of professional secrecy vis-à-vis the Brillantmont School Nurse, Summer Course staff and School Leadership.

**The school declines all responsibility in case of an accident resulting from a non-declared illness or injury, or the unsupervised use of medication.
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 and may result in the school asking him/her to leave.**

Date:

Signature: