

Health Form

Child's name:

Diet	YES	NO
Food allergy		
Food intolerance		
Régime alimentaire		

Intervention recorded by a treating physician	YES	NO
PAI (Individualized reception project)		
An emergency action plan		
A need for continuous medication <i>Please provide the "parental delegation for the administration of medication" and a medical prescription.</i>		

Additional information:

Are any of the following present? (please specify)	YES	NO
Psychomotor deficit		
Language delay or disorders		
Hyperactivity syndrome (hyperkinetic child)		
Hemorrhagic trends (hemophilia, etc.)		
Epilepsy (seizures)		
Diabetes		
Allergy or intolerance		
Sensory deficit: • Hearing • Vision		
Need to wear glasses, a hearing aid or other		

Additional information: *(please attach a medical certificate)*



Inter-Actions

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Vaccination Card:

In the event of an emergency or accident, the vaccination card will be sent to the emergency medical worker to facilitate the care of the child. The legal representative will be informed of the accident, but this may make it easier for emergency medical responders to attend the child.



Use of First Aid Kit (sunscreen, disinfectant, band-aids):

During activities at the childcare structure, we may need to use our first aid kit to deal with minor incidents. This kit includes essential products such as sun cream for sun protection, Sistral for sunburn, Reparil cream for haematomas and blows, Euceta for bites, plasters and disinfectant spray for small wounds, glucose if you feel unwell.

I authorise you to use my child's first aid kit during his or her stay at the structure. I understand that this kit may vary according to the protocol and procedures established by your department. I authorise you to take all necessary steps to ensure the welfare and safety of my child by using the first aid equipment and supplies available in your facilities in accordance with your usual practices.

☐

Yes

☐

No

To ensure that the care given to your child is in line with our personal preferences or medical restrictions, I undertake to inform the childcare centre of any specificities or contraindications concerning the use of products in the first aid kit.

Non-authorized products _____



Face Painting:

On certain occasions, we can offer to put make-up on the children (colours, varnish, and others). This may be at parties, for activities, role-playing or theatre.

To avoid any misunderstanding on this subject, we would like to know if we have your permission to use make-up with your child.

I authorise my child to wear make-up at the childcare facility:

☐

Yes

☐

No



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Tick:

If we observe a tick on a child, we will pass on the information to the legal representative, who will decide how to proceed. Two procedures are possible:

- ➔ Tick removal by the educators: The educator removes the tick and places it in a container with the date of removal and the child's name. For this procedure to take effect, the provider must receive an e-mail with the agreement of the legal representative.
- ➔ Tick removal by parents: If we do not receive the agreement, parents are asked to collect the child as soon as possible, to avoid the spread of bacteria, and to consult a doctor.

I authorise my child to have the tick removed at the childcare structure after being informed:

☐

Yes

☐

No

The legal representative certifies that the child shows no symptoms of a contagious disease, has no transmissible skin condition and is free from parasites at the time of enrolment. He also undertakes to inform the childcare facility of any change in the child's state of health.

I declare that I have read, understood, and accepted the information in the health form.

Location..... Date:

.....
Surname and name of the child

.....
Full name of the organization's representative

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Surname and name of the legal representative

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.....
Signature of the legal representative

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Signature of the organization's representative

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Approval number



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