

Health Form

Please fill out this form carefully, which is part of the registration.

Child's information

Family name _____ Name _____

Birthday (D/M/Y) _____ Nationality _____

Health insurance _____ Policy number _____

Parents information

Father / Guardian

Mother / Guardian

Father / legal guardian

Mother / legal guardian

Family name

Family name

First name

First name

Telephone

Telephone

Mobile

Mobile

Email

Email

Telephone business (direct line)

Telephone business(direct line)

Pediatrician

Name _____

Phone (Praxis) _____

Address _____

If neither the parents / legal guardians nor the emergency contact person can be reached, KIDSZONE acts "in loco parentis" until the parents / legal guardians can be reached.

Additional emergency contact person

Name; relationship to the child _____

Phone /Mobile _____

Chronical illnesses

Does your child suffer from any chronically medical conditions (asthma, diabetes etc.)?

Medical supervision?

Is your child in the moment or has he/she been treated for any physical or mental illnesses in the past? If yes, which form of therapy / treatment?

Allergies / Special diets

Does your child have any known allergies or need special diets?

Medicines

Does your child need any medication? Yes ☐ Which one and why? No ☐

Blood type

What blood type does your child have? _____

Glasses / contact lenses

Does your child wear glasses or contact lenses? Yes ☐ No ☐

Surgeries

Has your child had one or more surgeries? Yes ☐ No ☐

Vaccinations

What vaccinations did your child receive and at what time (day / month / year)? Please enclose a photocopy of the vaccination certificate.

	Yes	Time (D/M/Y)
Diphtheria		
Measles		
Mumps		
Rubella		
Polio		
Tetanus		
Chickenpox (Varicella)		
HIB (Hemophilus influenzae Type b)		
Whooping cough		

Is there more information about your child's health that KIDSZONE should be aware of?

I / We confirm that I / we have truthfully completed this form and that I am not withholding any information. I / We will inform KIDSZONE immediately if my / our child's health changes. I / we are / are informed that KIDSZONE does not take out health or accident insurance for my / our child and it is my / our personal responsibility to take out this insurance in Switzerland. In an emergency situation, I / we do not make KIDSZONE or its employees responsible for the care and transport. In the event of an emergency (accident, injury, etc.), I / we give the KIDSZONE permission to decide on the necessary care if neither the parent / legal guardian nor the emergency contact person can be reached.

Date (Day/Month/Year)

Signature of mother / legal guardian

Signature of father / legal guardian