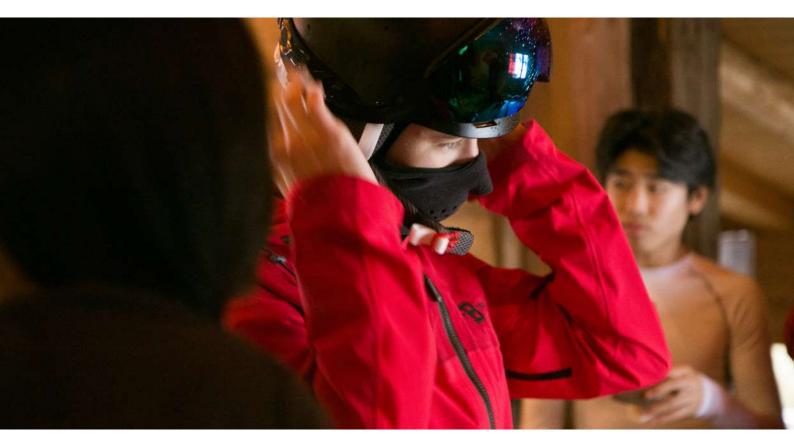


Medical Form



Student information

First name	Last name
>>	>>
Date of birth	Gender
>>	□ female □ male
Place of birth	Nationality
>>	>>
Confession	Blood type

Previous doctor details		
First name	Last name	
>>	>>	
Address		
>>		
Telephone number	Email address	
>>	>>	

Vaccinations

This section should be completed by the parents or guardian of the applicant.

Use do authorise the shool nurses to complete the vaccinations of our child.

Use do not authorise the shool nurses to complete the vaccinations of our child.

Please provide a vaccinations' report copy (compulsory).

Students participating to a school trip will automatically be vaccinated by the school medical centre or by the vaccination service of the "CHUV medical centre" in Lausanne.

Your child's health

It is important that each student plays a full and active part in the School's programme, following the long established ethos of Collège Beau Soleil. Having a clear understanding of their medical history is a key part in the school supporting each student to fulfil their school commitments. Our pupils' health is an essential element for their success at Beau Soleil. Our health centre provides your child with physical and psychological help. The school health centre is comprised of a team of multi-disciplinary health professionals dedicated to the well-being of students in the school. The school doctor will decide the appropriateness of any student's health and abilities to play an active role in all school activities. Students are forbidden to keep medicines in their rooms unless the Health Centre team have given their permission, which will be done on an individual basis. On arrival, any prescribed medication must be given to the health centre for inspection together with a copy of the prescription. If this is not received, the school reserves the right to dispose of the medication. Any homeopathic medicines must be approved by the school doctor before agreement can be given for students to be treated with these. Any supplements must be approved by the school doctor in conjunction with written confirmation from originating nutritionists and recognised medical professionals. If parents wish for a student not to be treated with conventional medication, please complete the separate consent form, which is available on request. The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder to be "Gillick Competent" to give or withhold consent for his/her own treatment. (Gillick Competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed). (National Minimum Standard 2015)

Signature

By his/her signature, the parent or guardian certifies that the information given in this form is correct. Collège Beau Soleil can under no circumstances be held responsible for any problem which could occur and has not been mentioned in this form.

I, hereby [name] authorise Collège Alpin Beau Soleil in the event of an emergency, to take the measures necessary for the health of our child (hospitalisation - medical or psychiatric, operation, etc.)

First name	Last name
>>	>>
Place	Date
>>	>>
Signature	
~~	

>>

Additional comments

Medical certificate to be completed by a doctor

Weight		Height	
>>	kg	>>	cm
Blood pressure		Blood type	
>>		>>	
Childhood illnesses			
measlesgerman measlesscarlet fever		□ chicken pox□ mononucleosis□ mumps	
Prior hospitalisation(s)			
□yes □no			
Prior accident(s)		Current medication	
□yes □no		□yes □no	
Psychological/logopaedic therapy		Dental health (medical status and supervision)	
□yes □no		□yes □no	
Visual perception			
-	yes □no yes □no		

Other illnesses	
Respiratory and digestive	
□ frequent tonsillitis	□ bronchitis
☐ frequent otitis	🗆 asthma
Gastric, digestive or intestinal disorder	
 recurrent diarrhea constipation 	
Heart and blood	
 heart murmurs (congetinal or developed) circulatory disorders anaemia 	 coagulaion disorders frequent hematoma(s)
Neurological and endocrinological	
□ fits (non-diagnosed) □ epilepsy	□ hyperventilation□ diabetes
Orthopedic / skeletal	
 trauma to joints requiring treatment fractures rheumatoid arthritis 	
Metabolism and dermatological	
 obesity food disorder(s) (bulimia, anorexia) eczema 	 psoriasis urticaria acne (please provide details of treatment)
Urinary and gynaecology	
 kidney disease frequent cystitis bedwetting 	 □ dysmenorrhea □ irregular periods □ other disorder(s)
Allergy	
☐ medication(s) ☐ food	□ hay fever□ other(s)

If you tick any option on this page, please provide all information (dates, treatment, copy of medical reports, prescriptions, etc.). Documents must be in French or English only.

Limitation of physical activity		
Has the student any physical limitations?		
□ yes (please complete details below)	□ no	
Limitations due to:		
□ illness	🗖 injury	
The student cannot practice sports until:		
/ / (maximum 3 months before	revaluation)	
The student may practice, within the limits of its possibilities, the following activities:		
□ football	□ basketball	
□ volleyball	□ cricket	
tennis	□ swimming	
□ badminton	□ biking	
□ football	□ fitness	
□ climbing	□ walking	
🗖 running	□ trekking	
🗖 rugby	combat sports	
🗖 ski, snowboard	□ others	
Treatment(s), comment(s)		

By his / her signature, the doctor certifies that the information stated in this form is correct. Collège Beau Soleil can, under no circumstances, be held responsible for any problem which could occur and has not been mentioned.

Doctor's first name	Doctor's last name
>>	>>
Place	
>>	
Stamp and signature	
>>	