



SUMMER PROGRAMS

HEALTH HISTORY FORM

STUDENT INFORMATION

Student First Name:

Student Last Name:

Date of birth:

Program:

CDE
Château des Enfants
Age 4½–10

MSP
Middle School Program
Age 11–13

TSP
TASIS Summer Program
Age 14–18

Session:

1st Session

2nd Session

1st & 2nd Session

Residential Status:

Boarding

Day

Height:

Weight:

IMMUNIZATIONS

Please indicate the dates of all immunizations (or attach copy of immunizations):

Polio vaccination:

Tetanus vaccination:

Other (please provide description and date):

Please check the following boxes if your child has been vaccinated for the illness or has had the illness.

Mumps

Measles

German Measles
(Rubella)

Whooping Cough

Chicken Pox

Meningitis

Polio TD

Other:

Please understand the risks you are assuming if your child has not been fully immunized.

HEALTH HISTORY

Existing Medical Conditions:

Has the student experienced any major illnesses or hospitalization within the past 12 months? Yes No

If yes, please list hospitalizations/illnesses:

Allergies (medications, food, environmental) and reactions:

Yes No

If yes, please list allergies and reactions: (for example: shellfish - hives)

(Optional) Please check all that apply:

- Lactose intolerant Vegetarian No pork Other (please explain):
 Gluten free Vegan

Please note: All allergies and intolerances must be accompanied by a medical certificate explaining the clinical features if the child ingests or is exposed to the allergen and what medical action should be taken

Any traumatic experience(s) or habits that may affect the student while at TASIS?

Yes No

(e.g. car sickness, dog bite, major fall, loss of a loved one, divorce, shyness, fear of water or heights, etc.)

If yes, please explain:

Is the student limited in physical activity?

Yes No

If yes, which activities, for how long, and what is the reason for the limitation:

Does the student have any diagnosed learning differences? (ADD, ADHD, dyslexia, etc.)

Yes No

If yes, please list any learning support strategies adopted at his/her own school:

Is the student receiving any prescribed medicines that he or she should continue to take during the program?

Yes No

If yes, please specify the condition for which the medication is prescribed, the name of the medicine, the frequency it needs to be taken, and the dosage:

MEDICINE

All medicines must be registered with the nurse upon arrival. Please bring them in the original packaging and place them in a ziplock bag labeled with the child's name. **Do not send your child with medicines other than those prescribed by a doctor, as the nurses are well-stocked with basic over-the-counter medications and are able to treat most conditions.** Please let us know if you have questions or concerns about your child receiving any particular over-the-counter medications. All attempts will be made to contact a parent/guardian before taking the student off-campus for medical care.

NOTE: **Students are not allowed to keep any medicine in their rooms. Exceptions can be made for asthma inhalers and EpiPen.**

HEALTH AND ACCIDENT INSURANCE

If DAY STUDENT:

- Swiss residents must have their own health insurance. Please attach a copy to this form.
- NON-Swiss resident DAY students must either purchase TESIS health and accident insurance or supply a copy of their own insurance. The TESIS insurance will cover the student for the duration of the session attended. Dental and eye care is not included.

- I will purchase TESIS health and accident insurance for CHF 120.
 I have attached a copy of my own health insurance plan to this form.

If BOARDING STUDENT:

TESIS Health and Accident Insurance covers boarding students who are not residents of Switzerland for all health and accident-related expenses with no deductibles. Dental and eye care is not included. The cost of the insurance is already included in the boarding tuition.

EMERGENCY CONTACT INFORMATION

Please provide a name *other* than the parents/guardians in the event that they are unreachable.

First Name:

Last Name:

Relation to student:

Mobile Number:

Email Address:

PERMISSION FOR EMERGENCY MEDICAL CARE

In the event that emergency surgery or other urgent treatment is required, and if the School is unable to obtain my verbal permission by telephone, I authorize the School to allow the surgery/treatment for the above-mentioned student. I understand that I am financially responsible for medical costs incurred in good faith.

Person filling out the form:

- Mother Father Guardian Other:

First Name:

Last Name:

Signature

Date

Please make sure that all sections of the Health History Form are filled out diligently and completely. TESIS cannot be held responsible if errors in care occur due to the submission of incomplete or erroneous information. TESIS will not accept an incomplete form.

Please send the signed and completed form to summer@tasis.ch