



Health History Form

Name: _____ Christian name: _____

Date of birth: _____ Session applied for: _____

Height: _____ Weight: _____

Allergies: _____

Hospitalizations and reasons: _____

Traumatic experiences (ex: dog bite, major fall, divorce, fear of height or darkness, ext.): _____

Limitation in physical activities, please specify: _____

Please underline the diseases which your child has had or has been vaccinated against:
Chicken pox, Whooping Cough, Measles, Mumps, others: _____

Dates of last vaccinations: Polio: _____ Tetanus: _____

Medicine prescribed by doctor: _____ Yes No
If yes, please specify the name and the dosage: _____

Important Notice:

1. All medicines will be registered upon arrival.
2. No medicine can be kept in the room for the safety of other children.
3. Only the medicine prescribed by the doctor should be taken by your child to the camp.

HEALTH INSURANCE:

Health and accident insurance is mandatory in Switzerland. Carrousel Camp has a legal obligation to provide this insurance to each child who is not a Swiss resident. It covers all cases of sickness and accident except comfort care, for example dental and eye care. The price of this insurance represents an additional cost of CHF 142.-- for 1-2 weeks and CHF 232.-- for 3-4 weeks.

For Swiss residents: Health Insurance Certificate (for Swiss residents only)

For Foreign residents: I am applying for Carrousel Camp Health Insurance

AUTORISATION FOR MEDICAL EMERGENCY CARE

By my signature I authorize the Camp to give its consent for emergency treatment on the above-mentioned child. I take responsibilities to cover financial costs of medical care taken in good faith.

Date/Place

Signature of Parent/Legal Representative

