TAZ Horgen Bilingual Day School
Medical Record

Child's full name: ……

GP or paediatrician: ……

Tel. ……

Child's health insurance: ……

Child's accident insurance: ……

Child's liability insurance: ……

Would you like your child to clean his/her teeth after lunch at TAZ? no yes

Is your child on any medication at the moment? no yes

What kind? .....

Does your child suffer from: asthma no yes
allergies no yes

What kind? .....

a weak bladder no yes
other illnesses no yes

Which? ……

Does your child have a sight impediment no yes
hearing impediment no yes

Is your child receiving therapy,
e.g. speech therapy, play therapy, psychotherapy? no yes

What kind?.....

……

Should the class teacher pay particular attention to any other
medical conditions? no yes

Which?.....

Comments:
.....

……

Date ……

Signature of parents/guardian ……