



# INFORMATION FORM

## Child

Surname \_\_\_\_\_

Name \_\_\_\_\_

Full address  
\_\_\_\_\_  
\_\_\_\_\_

Gender

- Male
- Female

Social Security Number \_\_\_\_\_

Birth place \_\_\_\_\_

Nationality \_\_\_\_\_

Language(s) spoken at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous childcare :

\_\_\_\_\_

**Parents / Guardian**

Father / guardian / partner	Mother / guardian / partner
Surname _____	Surname _____
Name _____	Name _____
Full address, <b>if different from the child:</b>  _____  _____	Full address, <b>if different from the child:</b>  _____  _____
Private telephone number:  _____	Private telephone number:  _____
Mobile number:  _____	Mobile number:  _____
Professional number:  _____	Professional number:  _____
Email address:  _____	Email address:  _____
Work schedule:  _____	Work schedule:  _____
Languages spoken:  _____  _____	Languages spoken:  _____  _____

**CHILD'S MEDICAL INFORMATION**  
**( a medical certificate is to be issued in case of illness )**

Child's Doctor \_\_\_\_\_

Phone number \_\_\_\_\_

Has the child specific needs? (For example, disability, dyslexia, pathology, social or behavioural needs, etc.)

- Yes  
 No

If yes, please explain:

\_\_\_\_\_

Is the child under medication or receiving a treatment?

- Yes  
 No

If yes, please explain:

\_\_\_\_\_

Is the child suffering from any known allergies or intolerances? (medication, food or environment)

- Yes  
 No

If yes, please explain:

\_\_\_\_\_

Is the child having any special diet ? (no pork, vegetarien, ...)

- Yes  
 No

If yes, please explain :

\_\_\_\_\_

Please share any other information on illnesses or incidents that could still affect the child:

\_\_\_\_\_

### AUTORISATION FOR CREAMS, DROPS, SPRAYS ...

I authorize the childcare centre staff to administer or apply the following to my child if needed:

Please cross the YES or NO column	YES	NO
<b>Disinfectant</b> For scratches, wounds, to avoid skin infections Name: <b>Octenisept</b>		
<b>Sunscreen lotion</b> For protection against sunburn and burns Name: <b>La Roche Posay</b>		
<b>Repellent spray</b> For protection against ticks Name: <b>Mosquito Protect or Moustimug</b>		
<b>Physiological serum</b> To clean		
<b>Potassium iodide pill</b> In case of nuclear incident		

### AUTHORISATION TO LEAVE THE TERRITORY

- I authorise my child to participate in outings/activities in Luxembourg.  
An additional authorization, available at the Maison Relais and Biirgerzenter in Bridel, will be required for any other outings/excursions outside the country.
- I do NOT authorise my child to participate in outings/activities in Luxembourg.

### AUTHORISATION FOR TRANSPORTATION

- I authorise the childcare members of staff to transport my child in a vehicle which belongs to childcare centre or the childcare service provider.
- I DO NOT authorise the childcare members of staff to transport my child in a vehicle which belongs to childcare centre or the childcare service provider

Signed in \_\_\_\_\_ on the \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of the parent(s) or other legal guardian(s)