



## College / High School

### Information sheet / School year 2021 – 2022

*Circular letter to all parents or legal guardians of students attending middle school and high school.*

**Dear parents, dear legal guardians,**

In the interest of your child, it is important that the teachers concerned and the School Health Care Service are informed of **your child's health issues requiring a special supervision at school**. For this reason, we kindly ask you to complete the enclosed **information sheet** and **hand it over** to the class teacher during the first days after the beginning of the school year.

The School will forward the information sheet to the School Health Care Service and they will collaborate in setting up appropriate support if required.

Please accept our sincere thanks for your valuable collaboration and feel free to contact the School Health Care Service for any further information.

Dr Bechara Georges Ziadé  
Médecin chef de division



# INFORMATION SHEET 2021-2022

College / High School

For the homeroom teacher / parent / guardian

School: .....

Grade: .....

Homeroom teacher: .....

Has your child any health issue which should be monitored by the school community?

- No → **if not, please sign below.**  
 Yes → If yes, we ask you please to **complete** this information sheet and hand it over to the homeroom teacher as soon as possible.

## Student

Social security number

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Name: .....

First name: .....

Address (student): .....

## Parent / legal guardian

Name: .....

First name: .....

 .....

@ E-mail: .....

### 1. Chronic disease(s), disability(ies)

- Diabetes → medical treatment .....
- Epilepsy → medical treatment .....
- Heart disease / specify which one → .....
- medical treatment .....
- Asthma → medical treatment .....
- Allergy / specify which one → .....
- Risk of anaphylactic shock**       Yes       No
- Behavioral disorders / learning disabilities .....
- medical treatment / special needs.....
- Physical or mental disability → .....
- .....
- Other disease → specify which one .....
- Attending physician (Name and phone) .....

### 2. Necessity of medical treatment / follow-up during schooltime?

- No       Yes → which one .....
- If so, join a certificate**

### 3. Does a PAI exist (Projet d'accueil individualisé, cfr [www.quichet.lu](http://www.quichet.lu))?

- No       Yes → specify PAI for .....
- If a PAI does exist, is there an emergency kit       at school       in his / her schoolbag

### 4. Are there any sports activities forbidden by the attended physician?

- No       Yes → which one .....
- .....
- If so, hand in a certificate to the school especially to the PE teacher.

Date and signature of the parent / legal guardian .....