Health & Emergency Contact Information

Child's Name:	Date of Birth (dd/mm/yyyy):
Address:	Home Telephone:
Postal Code:	Mother's Mobile:
City:	Father's Mobile:
Mother's Email Address:	
Father's Email Address:	

Emergency Contact Information	
Family Doctor:	Telephone:
Family Dentist:	Telephone:
Health Insurance Name*:	Policy Number*:
To be called in case parents cannot be reached:	
Emergency Contact Name:	
Telephone Number/s:	
Additional Emergency Contact Name:	
Telephone Number/s:	

*Health insurance Information will be passed onto the hospital in case of an emergency occurring during school hours or during after school activities.

Medical History			
Allergies:	☐ Yes	☐ No	Describe:
Epi-pen:	☐ Yes	☐ No	Describe:
Asthma:	☐ Yes	☐ No	Describe:
Diabetes:	☐ Yes	☐ No	Describe:
Heart Condition	☐ Yes	☐ No	Describe:
Other:	☐ Yes	☐ No	Describe:
Medication:	☐ Yes	☐ No	Describe:

Diet			
Vegetarian:	☐ Yes	☐ No	Describe:
Other special diet:	☐ Yes	☐ No	Describe:

Eye wear		
Does your child wear eye glasses or contact lenses:	☐ Yes	☐ No
Should they be worn at all times:	☐ Yes	☐ No

Signature of Parent or Guardian

Date of Application

Immunization Record

Please attach;

- **a copy of your child's immunization book/record**
- **a copy of parent(s) passport**
- **a copy of child's passport**

Legal requirements for children Immunizations
(Dutch specifications)

	2 months	3 months	4 months	11 months	14 months	4 years
DaKTP	X	X	X	X		X
Hib	X	X	X	X		
Pn	X	X	X	X		
BMR					X	
Men C					X	
DTP						

DaKTP: Diphteria/ Pertussis/ Tetanus/ Polio (DTaP + polio)
Hib: Haemophilus influenzae type b
BMR: Measles, Mumps, Rubella (MMR)
Men C: Meningococcal vaccine (MCV4)
DTP: Diphteria/ Tetanus/ Polio
Pn: Pneumococcal (PCV)