



## HEALTH FACT SHEET 2022/23

STUDENT NAME AND SURNAME			
HEALTH CARD NUMBER (Attach photocopy)			
CONTACT TELEPHONE NUMBER			
DATE OF BIRTH		YEAR/GRADE	

### HEALTH PROBLEMS (mark with an X):

- Asthma  Diabetes  Coeliac Disease   
Epilepsy  Migraines  Heart Problems   
Others  None

.....

Any surgeries? .....

Does the student need diet or special care?

.....

### ALLERGIES

No

Yes  Specify which: pollens, animals, insect stings, food, metals, latex, etc

.....

Does the student take any medication for allergies?

No  Yes  (Attach medical report, action protocol and provide emergency medication).

Which? .....

### VACCINATION

Is the student's vaccination schedule up to date? No  Yes

Specify missing vaccine and reason:

.....



## MEDICATION

Does the student take some form of medication daily?

No  Yes, at home  Yes, at school  Which?:

.....

Does the student bring emergency medication to school?

No  Yes

Specify medication and reason:

.....

### I give my consent for my child to be administered:

Painkillers or fever reducers that you usually take for fever or pain:

Paracetamol (Apirital, Gelocatil)

Ibuprofeno (Dalsy, Junifén)

Both

Dose?: \_\_\_\_\_.

- I consent to the administration of the indicated dosage and medication if necessary.  
No  Yes
- I give my consent to have minor injuries treated if necessary. No  Yes

The data provider is expected to notify the school in writing of any modification of the information provided. Likewise, the provider may exercise the rights of access, correction or cancellation by sending a written request to the e-mail address [ccastellar@highlandsbarcelona.es](mailto:ccastellar@highlandsbarcelona.es).

By signing this document, the undersigned expressly and unequivocally declares and consents that he/she has been informed by the Educational Centre, in compliance with current regulations on Personal Data Protection.

Name and Surname \_\_\_\_\_

Signature. \_\_\_\_\_

Esplugues de Llobregat, a \_\_ de \_\_\_\_\_ de 20 \_\_

