

Bund der Pfadfinderinnen & Pfadfinder e.V.



Health questionnaire for the Bundeslager 2013

Please fill out this questionnaire, print it out, let your legal guardian(s) sign it and hand it over to your leader.

last name, surname		date of birth	troop/ subcamp	
street & No			postcode, place	
			les /mumps /rubella /TB	
Vaccinations (please cross of	out the not applicable)			
	hepatitis B /diphtl		asles /mumps /rubella /TBE	
•		_	asies /mamps /racena /rBE	
/pertussis /chickenpox	/other vaccination	S		
Known illnesses/ operations	3			
Our Child/ I had the followi	ng illnesses (please cr	oss out the non applica	ble)	
chickenpox	scarlatina 1	numps measle	es rubella diphtheria	
Other established illnesses (i.e. asthma hay fever,	travel-sickness, allergi	es (medical, nutritional) epilepsy)	
`		, 2	, , , , , , , , , , , , , , , , , , , ,	
My/ Our child is under med	ical care of (address a	nd phone number of att	ending doctor)	
wry/ Our child is under med	icar care or (address a	na phone number of au	ending dector)	
Mv/ Our child has to take th	ne following regular m	edication/ medication of	of necessity and knows how to handle it	t
J			,	
Our child takes the medicati	on on its own			
yes The leader takes care of the	no regular taking of the 1	nedication		
yes	no			
The following has to be mir	ided with my/ our chil	d (medical specialities,	nutrition etc.)	
T :	. 11 .1 1	1.		
Limitations of treatment wa	nted by the legal guar	dian:		
health insurance	health insur	rance card	insurance number	
	yes/ no			
	V			
insured with	Status		health insurance card valid until	
mourca with	Status		nearm mourance card vand ulltil	





Bund der Pfadfinderinnen & Pfadfinder e.V.



			•	
In the case of an illness or an	accident			
last name, surname	date of birth		role	
,				
can decide about the treatmen situation the attending doctor			surgeries). If there is a life threatening	
In the case of an illness or an medical interventions (surger		guardian(s) are permit	ted to decide about medical treatment a	nd
At the moment my child does	n't have any acute/ cont	agious illness.		
I am/ We are reachable at all	times as following:			
last name, surname	phone number		mobile phone number	
street & number			postcode, place	
last name, surname	phone number		mobile phone number	
street & number			postcode, place	
also agrees with everything m	nentioned. I / we agree, to on which is required by leleted!	that the personal and a law. When the duty o	legal guardian that the other legal guar ttending information given in this docu f documentation which is required by la	ment
place, date		place, date		
signature of legal guardian (1)		signature of legal guardian (2)		

