

Health Care Form



Name of student

Date of birth

General Information

In order for the Institut Montana Zugerberg AG (hereinafter "IMZ" or "school") to fulfil its duties (education and care of students), it must be able to process sensitive personal data of students and their parents or guardians. The school has a derivative duty to protect and can only do so if it receives the necessary information from parents/guardians. Therefore, the IMZ relies on the information provided by the students' parents/guardians and may assume the information to be correct and complete.

The information provided by parents/guardians will be kept strictly confidential and will only be used to protect the health of and care for the students. Such information will only be accessible to the persons directly involved in the care of the students. The personal data will only be kept as long as necessary for the IMZ to fulfil its duties and will either be returned to the parents/guardians or deleted.

Emergency Contact

Relation to Student Father Mother Other: _____

First name

Last name

Home phone number

Mobile phone number

Business phone number

Time difference to Switzerland

General Information regarding student

Are there congenital defects, any past serious operations, or any other illnesses that we should know of? Yes No

If so, which? _____

Are there any residual effects? Yes No

If so, which? _____

Are there any diagnosed metabolic disorders or epilepsy? Yes No

If so, which? _____

Are there sport restrictions? Yes No

If so, which? _____

Are there any known allergies (hay fever, food, medication etc.)? Yes No

If so, which? _____

Are there any general traumatic (dog bites, vertigo, motion sickness etc.) or psychological experiences (death, separation, shyness etc.) that could influence the well-being? Yes No

If so, which? _____

Is your child able to swim for a long distance (200m) in deep water? Yes No

Further comments _____

Is a special diet required due to religious reasons? Yes No

If so, which? _____

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Is a special diet required due to illness or intolerances?

A medical certificate must be presented, refer to our school rules 3.3., paragraph 2.

Yes No

If so, which?

Does your child prefer vegetarian food?

Yes No

Medication

Does the student require prescription medication which they have to take regularly and during their stay with us?

Epi Pen Yes No

Medication Yes No

Reason(s): _____

Brand(s): _____

Dosage(s): _____

Please register all medicines with our school nurse or our boarding staff upon arrival. We provide prescription-free, basic medicine and we can treat minor ailments. Please inform us about all known allergies or immunities towards medications.

Additional Information

Day Students

The parents or guardians will be informed immediately in case of illness or an emergency during the school day and are responsible for promptly collecting their child or for organising their collection in such a case. In case the parents/guardians cannot be reached within due time, the school will take the necessary and time-sensitive measures.

Boarding Students

Information about medication

Our students are not allowed to store medication in their rooms. Exceptions can be made for asthma inhalers and vital allergy medications.

Parents must communicate the name, quantity and reason for any medication being brought to the boarding house by the student. Students who are taking regular prescription medication must be under regular supervision by a physician for the duration of the medication intake.

Parents are responsible for communicating any changes to treatments or medication for their child to the Nurse or Boarding house, including new and stopped medication, and/or provide a prescription and other medical instructions received for the administration of prescription medication promptly and before the IMZ staff are required to administer the medication.

By signing this form, parents/guardians confirm that they will communicate in writing about all known allergies or immunities towards medications as well inform about any medication (prescription and prescription-free) being brought to the school by their child to their Boarding house, as well as any changes to medication and medical treatments to the following email address.

Email: krankenstation@montana-zug.ch

Tick Vaccination

If you wish your child to be vaccinated at the boarding school (please hand in the original vaccination certificate), we will consider your signature on the health sheet as a declaration of consent. The first of the three tick vaccinations will be given in the spring. In case of cancellation at short notice, a fee of CHF 50 will be charged.

Information regarding the Tick Vaccination can be found on the attached fact sheet or under this link: [Zeckenimpfung_Tick Vaccination](#)

Yes

No

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Dental check¹:

There is the possibility for boarding students to have an annual dental check which would be billed. Would you like your child to also be checked during the annual dental check? In case of cancellation at short notice, a fee of CHF 50 will be charged.

If you have any questions or concerns, please contact our Head of Health Services.

Email: krankenstation@montana-zug.ch

Yes No

All students

Administration of medication

Our nurse, teachers, supervising staff and boarding team provide and may administer prescription-free, basic medicine, and treat minor ailments, as required.

I / we consent. I / we do not consent.

In addition to prescription-free medication, I/we give permission for the nurse, teachers, supervising staff and boarding team to administer medication prescribed to my child, as is indicated by the medical note or prescription.

I / we consent. I / we do not consent.

Mandatory Screening - for the classes BE5, SG2-SG1, Grade 8 and BSS8

The school medical examination is obligatory for the classes BE5, SG1-SG2, Grade 8 and BSS8 and will be performed by Dr Xaver Windisch. Alternatively, the examination can be carried out by a private doctor upon request. This must be communicated to the school in writing. The private medical examination must take place in the current school year and a written confirmation from the doctor must be submitted to the school by 30 June the latest.

I / we wish the medical examination to be performed by the following doctor:

Declaration of consent

The school strives to provide the best possible care to the students. Therefore, it may become necessary to see a doctor, dentist, or medical institution by the choice of the school. Parents/guardians must inform the school in advance which doctors, dentists or medical facilities may not be involved in the care of their child by using this official form. Otherwise, by signing this form, the parents/guardians certify that there are no physicians, dentists, or medical facilities that may not be involved in the child's care.

Email: krankenstation@montana-zug.ch.

The following doctors/medical institutions may not be involved in the care of my child:

Release from obligation of medical professional secrecy (mandatory for parents domiciled abroad)

I / we release the doctors, dentists or medical institutions who are involved in the care of my child, in particular, the physician of Institut Montana Zugerberg, Dr Windisch, from their obligation of professional secrecy vis-à-vis the employees of IMZ listed below:

- Head of Health Services
- Head of Boarding
- Director

Yes No

I / we allow access to the complete medical patient file and provide the school with a copy in case of an accident or illness.

Furthermore, the people mentioned above are authorised upon consultation to do registrations for the patient (such as for orthodontic treatments, insurance applications etc.).

Yes No

¹ *only for students enrolled for the academic year and not for the summer sessions students

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Duty of Care

By signing of this form I / we give permission for the health information of my child (e.g. previous or current medication, physical, and mental illness) to be shared in confidence with the employees of IMZ who are directly responsible for the regular supervision and care of my child (e.g. Head of schools, Head of programmes, teachers, boarding team, student support team, activities supervisors, Director, and safety officer) to facilitate the coordinated care of my child.

By signing this form, I / we confirm to have understood the above statements of IMZ. I / we further confirm, that the information provided above is complete and correct. I / we acknowledge that any liabilities in care due to incomplete or faulty information is declined by IMZ.

Parents'/Guardians' signature

Date, Place

Name and Signature parents / guardian

Appendixes:

- Tick Vaccination Fact Sheet [Zeckenimpfung Tick Vaccination](#)