

Maltalingua Welfare Questionnaire

Please fill out the following questionnaire immediately after making your reservation. This questionnaire will be used by the school and as such must be completed in English. If you have any questions or you are unable to complete this form please contact us and we will assist you. The document must be signed by the parent or guardian of the student and needs to be either faxed to (0049) 89 599 455 711 or sent via email to m.schulz@maltalingua.de. We would like to point out that we can only confirm the booking once we have received this document from you. Please do not delay.

Student Details

First Name _____ Last Name _____

Medical History

Does your child suffer from any of the following (Please mark with an **X**)?

Asthma Diabetes Sleeping disorders Eating disorders Blood disorders (e.g. haemophilia)

Please provide any additional medical information which you feel we should be made aware of:

Does your child suffer from any **allergies** (e.g. pollen/medicines/food)?

Is your child taking **medication** of any kind? YES NO

If YES, what medication is your child taking?

Please state how often this should be taken:

Does your child need assistance taking the medication? YES NO

Has your child had an operation within the last 12 months? YES NO

If YES, please give details:

Food

Are there any foods that your child cannot eat for religious or medical reasons?

Are there any foods which your child will not eat?

Is your child vegetarian? YES NO

Welfare

Can your child swim? YES NO

Does your child need swimming aids? YES NO

Does your child get travel or sea sick? YES NO

Is there any other information that we should be aware of?

I allow my child to partake in motor powered activities such as water skiing, jet skiing, wake boarding, banana boat rides as well as scuba diving and sailing. I agree that Maltalingua may not be held liable for accident or injury as a result of my child partaking in such activities. YES

Parent/Guardian

Signed _____

Date _____