



EERDE
INTERNATIONAL
BOARDING SCHOOL
NETHERLANDS

Form Booklet 2019-2020

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Dear parents/guardians of Eerde students,

Safety and health of your child are two of our top priorities at Eerde International Boarding School. As we would like to be sure that we have all the up to date information that is essential to us, we would kindly like to request that you fill in the forms below, tick the boxes as indicated, sign it and return it back to us before the start of the new school year, preferably via email: info@eerdeibs.nl

It's imperative that you inform the Eerde's administration of any changes as they arise, also throughout the year, to allow to take the care of your child serious.

Thank you in advance!

With kind regards

Robert de Bruin
Principal Eerde International Boarding School





STUDENT INFORMATION	
Last name	Passport Number:
First name	

PARENTAL INFORMATION	
FATHER	MOTHER
Last name	Last name
First name	First name
Email address	Email address
Phone number	Phone number
EMERGENCY CONTACT	
Name	Phone number
Relationship to student	

AGREEMENT TO THE CONTENT OF THE SCHOOL BOARDING GUIDE 2019 – 2020
<p><input type="checkbox"/> One of the documents that has been sent to you is the school boarding guide 2019 – 2020. We kindly request that you read this carefully and sign below that you have received and read it. By signing this document you acknowledge to have received and read the school boarding guide 2019 – 2019, you have discussed the information contained in the guide with my child and I understand and accept rules and regulations described in this booklet.</p>





Medical forms

Please give FULL details if you answer **YES** to any of the below questions. Use a separate sheet if necessary, **STATING CLEARLY ANY PRESCRIBED OR OVER THE COUNTER MEDICATION**

	YES	NO	If YES, please give details <i>(use separate page if necessary)</i>
Does your child carry a prescribed inhaler for Asthma?			
Has or is your child being seen by a GP, Specialist or Therapist?			
Has your child been admitted to hospital for treatment or investigation?			
Does your child suffer from Diabetes, Epilepsy or any significant neurological condition?			
Has your child ever had concussion?			
Has or is your child receiving treatment or medication from a Psychologist or Psychiatrist?			
Is your child taking prescribed medicines? <i>If yes, we will need the latest clinic letter from their supervising specialist.</i>			

NOTES / ADDITIONAL INFORMATION:





Has your child ever suffered from or had treatment for:

	YES	NO	If yes, please give details (use a separate sheet if necessary)
Eczema			
Hay Fever			
Deafness			
Bone or Joint Disease			
Defective Eyesight			
Headaches or Migraines			
Nose/Throat problems			
Allergies of another kind, please note			

As part of our Health and Safety Protocol, a health care plan will have to be completed before the student arrives at Eerde.

Please give details if your child suffers with any food intolerances, allergies (including medicines), or has any dietary requirements:

Consent to act on behalf of parents in the event of a medical emergency

I, the undersigned parent or person having legal custody/guardianship, do hereby authorize The head of boarding/boarding staff/ school principal/staff accompanying students on school trips of Eerde International Boarding School, as agent(s) for the undersigned to consent to any X-ray examination, anaesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of his/her best judgment, deem advisable. I hereby authorize any hospital, which has provided treatment to the above-named minor to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment.





Consent to Administer First Aid and Medication	
<input type="checkbox"/> I give consent for my child to receive first aid and/or medication from designated member of staff according to the School's Medical protocol for the administration of medicines. NOTE: medicines are to be stored in the boarding parents' office and administered in presence of the boarding parent on duty.	
MEDICATION FOR:	BRAND NAMES/DUTCH NAMES
PAIN/FLU MEDICATION	Paracetamol 500 mg. / Antigripine tablets/ Hot Coldrex/ Ibuprofen 200 mg
PERIOD PAINS	Aleve select 275 mg (Naproxen) Ibuprofen 200 mg
THROAT PAIN	Throat lozenges/ Strepsil/Trachitol
COUGH MEDICINE	Broomhexine HCl syrup/Noscapect tablets
ALLERGIES	Reactine tablets
CREAM FOR SKIN IRRITATION	VSM Derma Calendulan zalf
SPRAINS AND BRUISES	VSM Arniflor Gel
TRAVEL SICKNESS TABLETS	Primatour
DECONGESTANT	Rennie
ANTI DIARRHOEA	Lopermide 2 mg Capsules
DEAP HEAT CREAM	Tantum
INSECT BITES	After bite gel / Aspivenin(vacuum pump)
Please state if any of the above over the counter medication cannot be taken due to allergies: (use a separate sheet if necessary)	

Self-Medication disclaimer
<input type="checkbox"/> As parent/guardian I hereby state that my son/daughter is responsible for his/her own medication at the Eerde International Boarding School. The medication is to be stored in the office of the Boarding Parents and administered/handled in presence of the boarding parent on duty. Eerde International Boarding School has no authority over the stored medication and cannot be held responsible for giving out, delayed, misuse or any other form of mishandling of the medication
Medication name(s):





SIGNATURE REGARDING MEDICAL INFORMATION

By signing below, parents are agreeing that all information is true and correct as stated in the parts above. Eerde International Boarding School the Netherlands reserves the right to revoke the contract with no fee reimbursement if it subsequently discovers that any pertinent information has been omitted or miscommunicated. Additionally, Eerde reserves the right to withdraw a student where the resources of the school are unable to benefit the student and to deny admission to students who do not achieve an acceptable score on the admissions assessment (when applicable).

Signature Father/Guardian	Place/Date
Signature Mother/Guardian	Place/Date