Funtopia®
HAVE FUN, BE ACTIVE!

HEALTH QUESTIONNAIRE

Please complete this questionnaire and submit it not later than one business day before the start of the course / camp / day camp / excursion. This information is needed for ensuring safety during the course / camp / daycare / excursion.
In case the participant is under the age of 18, the questionnaire shall be completed by a parent or guardian of the participant.

Name, age, Personal Identification Number, address and telephone number of the participant:

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Name and telephone number (mobile) of the parent/guardian:

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Contact person in case of emergency – name, address, telephone number (mobile):

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1. Is the participant diabetic? If yes, describe the treatment.

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2. Has the participant suffered from hepatitis? If yes, describe the treatment and diet.

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3. Is the participant allergic?

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4. Does the participant take medicines for allergies? If yes, specify what kind:

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5. Most frequently observed symptoms during allergic reaction:

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6. Does the participant suffer from chronic diseases? Describe them.

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7. If the participant takes medicines for the described diseases, specify names and daily dose.

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8. Injuries and operations in the past. Describe them in chronological order.

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9. Has the child ever had seizures?

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10. Does the child have any behavioral characteristics or specific reactions (e.g., heightened sensitivity to noise, difficulty following rules, impulsive behavior, or anxiety)?

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11. Does the child experience any difficulties communicating or interacting with peers (e.g., difficulty making friends, avoiding group activities, frequently becoming involved in conflicts, or requiring additional support in social situations)?

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12. Diseases during the last 12 months requiring intervention and/or hospitalization. Describe them. Is the treatment still ongoing?

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The information in this questionnaire shall be used by the facilitators in AFCM.
Confidentiality of the information is guaranteed.

I DECLARE THAT THE INFORMATION GIVEN BY ME IS TRUE.

Name of the participant or the parent/guardian if the participant is under the age of 18:

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Date:……. Signature: .....