

HEALTH CARD- CONFIDENTIAL

Name and surname of the pupil:
School year:.....
Section:.....

Dear parents, dear pupil,

The privacy regulation prohibits the processing of personal data concerning health (art. 9, paragraph 1 of the privacy regulation), unless you give the APEEE written permission to do so (art. 9, paragraph 2 of the privacy regulation). You can, if you wish, revoke this consent at any time. You also have the right to view these data and, if necessary, to have them corrected.

The APEEE will only process these data with the intention of:

- to be able to react adequately in case of risk situations;
- to accompany your son/daughter with his/her activity and socio-emotional development.

Only persons who are directly involved in the supervision of your son/daughter can consult these data. These persons are obliged to respect the confidential nature of this information.

You are not obliged to provide information about the health of your son or daughter. However, the APEEE cannot take into account information of which the APEEE has no knowledge.

The information is processed as long as necessary to ensure the protection of your child during after-school activities.

1. What information about your child's health do you wish to inform the APEEE about?
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2. Is your child being treated for this? YES/NO

3. In this case and if you wish to do so, please provide us the name, address and telephone number of the attending physician in order to be able to contact him/her if necessary.
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4. Is your child taking medication for this? YES/ NO

5. What do you expect from the APEEE in this respect? What do we need to know or do (e.g. about the use of medication)? What should we definitely not do? The APEEE will, if necessary, discuss with you what the APEEE considers feasible and what it does not.

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6. Do you believe that the state of health affects the monitoring of certain activities? Again, the APEEE will discuss with you what the APEEE considers feasible and what it does not.

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The undersigned: Father / Mother / other :

- Consents to the processing of this data concerning the health of her/his son/daughter in the context of the above mentioned purposes.
- Do not wish to disclose any data relating to the health of their son/daughter.

Date:

Name Parent/ pupil/ other:

Signature: