

# Welfare Questionnaire

## Contact details

Parent / Guardian name	
Contact email	
Home phone number	(+ )
Mobile phone number (parents)	(+ )

## Student details

Student name	
Date of birth (DD/MM/YYYY)	
Mobile phone number (student)	(+ )
Arrival (DD/MM/YYYY)	
Departure (DD/MM/YYYY)	

## Medical conditions

**Does your child suffer from any conditions requiring medical treatment? (please circle)** YES NO

Asthma / Diabetes / Psychological disorders / Sensitivity to sun / Other:

**Does your child suffer from any allergies or intolerances? (please circle and give details)** YES NO

Pollen / Medicines / Food (e.g. lactose, fructose, gluten intolerance) / Other:

**Is there any food which your child will not eat (please include medical or religious reasons) or is your child vegetarian? (if yes, please give details)** YES NO

**Is your child taking medication of any kind? (if yes, please give details)** YES NO

What medication is your child taking?

How often should this be taken?

Does your child need assistance taking the medication?

Does your child carry a medical emergency kit with medication in it? (if yes, please give details)

**Has your child had an operation within the last 12 months? (if yes, please give details)** YES NO

**Please provide details of any information about your child that you feel we need to be aware of:**

**Please inform us immediately should the child's condition change before coming to Malta (e.g. an accident)**

## Safety

**Can your child swim without swimming aids?** YES NO

**I confirm that the details provided are correct. I understand that Maltalingua reserves the right to send a student home should a situation arise during their stay as a result of parents/guardians having failed to fully and accurately answer the above questions.**

Name:

Signed:

Date: