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| **Infoblatt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | **Vorname** | | | | | | | |  | | | | |  |  |  | | | | |
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| **Adresse:** | | | | | | | | | | | **Telefonnummer:** | | | | | | | | | | | | | | | | | |
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| **Geburtstag:** | | | | |  | | | | |  | | | **Erstsprache:** | | | | | |  | | | | | | |  | | |
| **E-mail Erziehungsberechtigte für die Korrespondenz:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wer ist im Notfall erreichbar (Name/Telefon)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Kinderarzt** (Name/Telefon): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Zahnarzt** (Name/Telefon): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Hat Ihr Kind chronische Krankheiten** **(Asthma, Diabetes, Epilepsie etc.)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Hat Ihr Kind Allergien (Nahrungmittel, Bienen, Pollen etc.)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Muss Ihr Kind Medikamente einnehmen oder besitzt es ein Notfallset?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Dosierung? | | | | | | | | | | | | | | | Tageszeit(en) | | | | | | | | | | | | | |
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| bitte wenden | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Letzte Impfung (Datum)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus: | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| Masern:\* | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| \*Im Falle einer Masernepidemie werden ungeimpfte Schüler/-innen für 3 Wochen vom Unterricht ausgeschlossen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wie gut kann Ihr Kind schwimmen?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| kann noch nicht schwimmen | | | | | | | schwimmt mit Schwimmhilfe | | | | | | | schwimmt unsicher | | | | | | | schwimmt sicher (mind. 20 Meter) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Homepage Bewilligung:**  Wir sind/ich bin einverstanden, dass Fotos oder eine Arbeit unseres/ meines Kindes auf der Homepage des Schulhauses publiziert wird.  Wir sind/ich bin **nicht** einverstanden, dass Fotos oder eine Arbeit unseres/meines Kindes auf der Homepage des Schulhauses publiziert wird. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Unterschrift der Erziehungsberechtigten:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | KG 1. Jahr | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | KG 2. Jahr | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | KG 3. Jahr | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | EK 1. Jahr | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | EK 2. Jahr | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | 1. Klasse | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | 2. Klasse | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | 3. Klasse | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | 4. Klasse | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | 5. Klasse | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
|  | 6. Klasse | | | | | Datum: | |  | | | | | | | |  | | Unterschrift: | |  | | | | | | | |  | |
| Das Infoblatt wird zu Beginn des jeweiligen Schuljahres Ihrem Kind zur Kontrolle und Visierung nach Hause mitgegeben.  **Bitte geben Sie das Infoblatt anschliessend unterschrieben der Klassenlehrperson zurück. Vielen Dank!**  Änderungen teilen Sie bitte der Klassenlehrperson mit oder füllen, bei Bedarf, das Infoblatt neu aus. Sie haben die Möglichkeit, das Formular auf unserer Homepage (<https://www.schule-erlenstraesschen.ch/>) herunterzuladen und elektronisch auszu-füllen. Die Informationen werden vertraulich behandelt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |