

Questionnaire for children with allergy



Please print this form and send it signed (pdf-file) to info@ilcielo.de

Child's first name _____

Childs last name _____

Street, Location _____

Contact person _____

Phone number _____ Email _____

Which school is your child in? _____

Mon *Tues* *Wed* *Thurs* *Fri*

What days have you booked?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Which kind of food allergy does your child have? _____

Which kind of food intolerance does your child have? _____

Does any genetic disposition exist? _____

Do you have a medical report? _____

Date of medical report _____

Level of lactose intolerance
(please mark)

Easy	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Difficult	<input type="checkbox"/>

In the interest of your childs health, we ask that any changes or adjustments to be made are done immediately and in writing. Please do not hesitate to contact with any questions. Phone 08153-90 99 78 0

Data processing / data protection:

The data known as part of the business relationship are processed and stored manually and electronically with a programm from EDV Service Schaupp, Bietigheim-Bissingen. The data will not be used for any purpose other than the purpose of the contract and will be viewed exclusively by employees in the customer administration and accounting, as well as controlling and company mangement. A disclosure to a third party does not occur. After termination of the contract the data will be stored for 1 year before being deleted.

If you have any questions please contact our data protection officer, Mr. Dieter Schütz

By signing your confirm that you have read and that you agree to the terms and conditions and data protection regulations. It is known that you can revoke this declaration of consent in writing at any time.

Date/ Parent's signature

