



GERMAN EMBASSY SCHOOL ADDIS ABABA

German Embassy School | P.O. Box 1372 | Addis Ababa | Ethiopia
 Deutsche Botschaftsschule Addis Abeba | Auswärtige Amt | 11013 Berlin

Certified „Excellent German School Abroad“
 IB-World School

Verwaltung

IN EMERGENCIES

Please complete carefully!

Family/Father's name of child:	
First name of child:	
Born on:	
Grade:	
Mobile or telephone no. of mother:	
Mobile or. telephone no. of father:	
Other contact person with contact number:	
Name und telephone no. of physician of your confidence:	
Is your child member of an emergency flight service? If yes, please indicate membership no. of the emergency flight service and their telephone no.:	
To which local clinic or hospital should your child be taken to in case of an emergency?	
Does your child suffer from any chronic disease, like diabetes, asthma, convulsions, bleeding tendency, neurodermatitis or low immunity?	
Does your child take medication regularly?	
Is your child allergic to something or intolerant to some medicine?	
What else should be considered with your child's health (blood groups, etc.)?	

Recognized German school abroad with kindergarten | primary school | secondary I & II / English-German International Baccalaureate

Phone: +251 11 553 44 65 | Fax: +251 11 553 44 18
 info@dbsaa.de | www.dbsaa.de



Bank account | Bank name **Commerzbank Düsseldorf**
 Beneficiary **German School Association Ethiopia**

Nat. Bank code 300 400 00 | Account-no. 1044015 00 | IBAN DE 28 3004 0000 0104 401 500 | BIC COBADE FF XXX | SWIFT COBADE DD XXX



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Does your child have protection provided by vaccination against:	Yes	No
tetanus	<input type="checkbox"/>	<input type="checkbox"/>
diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
pertussis	<input type="checkbox"/>	<input type="checkbox"/>
haemophilus influenza B (HiB)	<input type="checkbox"/>	<input type="checkbox"/>
polio	<input type="checkbox"/>	<input type="checkbox"/>
hepatitis A and B	<input type="checkbox"/>	<input type="checkbox"/>
meningococcal meningitis	<input type="checkbox"/>	<input type="checkbox"/>
mumps, measles, rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>
chicken pox	<input type="checkbox"/>	<input type="checkbox"/>
typhoid	<input type="checkbox"/>	<input type="checkbox"/>
rabies	<input type="checkbox"/>	<input type="checkbox"/>
yellow fever	<input type="checkbox"/>	<input type="checkbox"/>

Please keep in mind booster vaccinations against tetanus, diphtheria, pertussis and polio.

I wanted to be informed in any case, before my child is given any medicine:

Yes No

I permit the nurse to give medicine against headache, stomach ache, period pain, in exceptional cases:

Yes No

I permit the nurse to give homeopathic medicine:

Yes No

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Should the German Embassy School be unable to reach either parent in case of an emergency, it will take the necessary steps in agreement with the German Embassy.

Date, Signature of parents/guardian:

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