

Physical/Mental state

Psychiatric treatment:
Hospital stays:
Nutritional status:
<input type="checkbox"/> overweight <input type="checkbox"/> normal weight <input type="checkbox"/> underweight <input type="checkbox"/> bulimic <input type="checkbox"/> anorexic
Mental state:
<input type="checkbox"/> psychotherapy <input type="checkbox"/> depression <input type="checkbox"/> euphoria <input type="checkbox"/> self-harming or harming others <input type="checkbox"/> suicidal thoughts <input type="checkbox"/> previously attempted suicide

As legal guardian of the student named above, I confirm with my signature that all entered information is correct and complete.

Vienna, on _____

_____ Signature

Declaration of consent

For administering potassium iodide pills at schools and boarding facilities

Yes, I give my consent according to the attached information brochure for parents and legal representatives that my child receives potassium iodide pills in the event of a catastrophe after instruction by the public authorities. I confirm that my child is not allergic to potassium iodide and that there are no contraindications against the use of these pills.

No, I do not give my consent.

Vienna, on _____

_____ Signature