

**Personal details of your child (please complete in block capitals):**

First name	Last name
Sex <input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> prefer not to say	Date of birth
Street and house/building no.	Postcode and town/city
Does your child have allergies?	
Name and location of your pediatrician	
Health insurance provider	Covercard no.

**Personal details of the parent/legal guardian:**

Mother  Father  Other  :

First name	Last name
Home/mobile number	E-Mail
Profession	Employer
Second contact person	Home/Mobile number

**Reason for your consultation:**  I do not have a pediatrician  I did not get an appointment at my pediatrician  
 Tourist

**Is your treatment covered by the IV or the social welfare office?** If yes, please indicate address, responsible person, policy no. & order no.:

**Information from your pediatrician about your visit to us** If you provide us with the contact details of your pediatrician, we will send a report to him/her about each consultation at SMK. By signing this form, you give your consent. If you do not wish to receive this information, please inform us separately via e-mail to [admin@swissmedikids.ch](mailto:admin@swissmedikids.ch).

**Invoice dispatch and invoice copy** I acknowledge that the invoices are sent electronically via a specialized partner company (Medidoc) to the insurers. The security standards correspond to those of e-banking. Your information will be treated as strictly confidential and is subject to medical confidentiality. We send you the copy of the medical bill via 2-factor authentication in a secure manner, as required by the Swiss Federal Health Insurance Act (KVG).

**Declaration of consent** I confirm with my signature that I agree to the processing of my data as well as my child's data, the access to my child's data by the professional staff of Swiss Medi Kids as well as the transfer of the data to third parties according to the privacy policy of August 15, 2023.

I am aware of the potential risks of sharing particularly sensitive personal data (possible access by unauthorized third parties in case of non-secure communication channels) as well as my rights and the rights of my child and give my consent for mutual communication between the medical practice staff of Swiss Medi Kids and me as the legal representative of my child through the contact information provided above.

I am informed that I have the right to decide for myself whether I wish to obtain the medication prescribed by a doctor with a prescription from a pharmacy or here from the doctor treating me. I will inform the doctor if I do not wish medication to be dispensed. Patient information will only be shared by Swiss Medi Kids via secure communication channels. I agree that administrative requests, such as rescheduling appointments, may be made using unencrypted e-mail communication (@hin address to recipient addresses such as @bluewin.ch, @gmail.com etc.).

If I leave the practice with my child during the waiting time, I assume responsibility for my child for the time outside the practice. **Appointments that are not cancelled at least 24 hours in advance may be charged to your account. We kindly ask you to inform us in due time if you cannot make an appointment.**

**By signing this form, I acknowledge that I have read and agree to Swiss Medi Kids' Privacy Policy dated August 15<sup>th</sup>, 2023. The privacy policy can be viewed on the Swiss Medi Kids website and is available at every reception desk.**

Place, date:

Signature:

SWISS MEDI KIDS AG Kinder Permanence

Hauptsitz Zürich  
 Bahnhofplatz 9, 8001 Zürich  
 Tel +41 43 343 00 00

Winterthur  
 Archplatz 2, 8400 Winterthur  
 Tel +41 52 511 10 10

Luzern  
 Seidenhofstr. 9, 6003 Luzern  
 Tel +41 41 710 10 10

PID:
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