



HEALTH DECLARATION FORM

CHILDREN 3 & 4 YEARS OLD
GROUP LESSONS



Please send back to the ESF the fully completed form before your arrival.

CHILD

Surname:.....

Firstname:.....

Date of birth:

Dates of stay :

Child's age :

Medical information (health difficulties, glasses, auditory prostheses, diseases, allergies) :

.....

.....

.....

Compulsory vaccination Diphteria, Tetanus and Polio up to date : yes no

Other information that might be helpful :

.....

.....

.....

PARENTS

Surname :

Firstname :

Address in Arc 1800 :.....

.....

Home address :.....

.....

Mobile number :..... Email :.....

Other persons allowed to collect the child :

1.

3.

2.

4.

I, the undersigned in charge of the child declares exact the information brought on this form / authorize the Club Piou Piou manager to take any measures necessary for urgent medical treatment or transfer of my child to hospital in case of serious accident / authorize the manager to take my child outside the club .

Date :

Signature :