MEDICAL FORM

CLUB PIOU-PIOU & MINI PIOU-PIOU



FROM 3 TO 8 YEARS OLD

Please fill in the form, print it and give it to the manager of the Club on the first day of activity. Proof of age must be provided as well.

CHILD					
First name :		Last name :			
Date of birth :					
	. food allowaics was	d fou opsisking doniese s			
Medical information (illness corrective glasses /hearing a	_	d for assistive devices s	such as		
Spoken languages and unde					
Any recommendations fron	n parents (soft toy,	nipple etc.) :			
PARENT OR CAR	DED				
	KEIK				
First name :		Last name :			
Adress in Méribel :					
City / Country of residence :					
Mobile phone (obligatory)			- 41 · · ·		
	Father :	M	other :		
Other people allowed to pic	k up your child :				
1:		Tel:			
2:		Tel:			
THE UNDERSIGNED)	R	RESPONSIBLE FOR THE CHILD:	:		
Declare that the information give hospitalisation, surgery) made nec					
Authorise the Esf de Méribel to f	ilm and photograph my o	child, as well as the publication	n of the imag	ge in which my child	appears, this o
media (written, electronic, audio-v publicity for the exclusive use of the		f time. The use of these photos	s or videos w	ill be exclusively for p	ublication, pron
ate:		Sig	gnature :		
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