



# MEDICAL FORM

## CLUB MINI PLOU-PIOU & PLOU-PIOU FROM 3 TO 5 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:

Medical information (health difficulties, illnesses, food allergies, need for assistive devices such as corrective glasses/hearing aids, etc.):

Obligatory vaccinations DTTP, Whooping Cough, BCG: Yes

No

*Vaccination certificate is requested*

Spoken languages and understandable (but not spoken) languages:

Any recommendations from parents: (soft toy, nipple, sunscreen, etc.)

### PARENT OR CARER

First name:

Last name:

Address during your stay:

City, country of residence:

Mobile phone *(obligatory)*

Mother:

Father:

Other people allowed to pick up your child:

1°

Tel. :

2°

Tel. :

I, \_\_\_\_\_, legally responsible for the above-named child, declare hereby that the information on this document is correct. I authorize the manager of the Club to undertake or consent to on my behalf any first aid or medical measures (medical treatment, hospitalization, surgical intervention, etc.) deemed necessary by the child's health conditions and well-being. I also authorize to take the child out of the Club for medical attention should this be required.

Date: .....



Signature: