

**LIAISON HEALTH FORM**  
NURSERY LES POUSSINS  
WINTER 2022-2023

**CHILD'S FIRST NAME & SURNAME**

.....  
Date Of Birth : .....  
Languages Spoken: .....  
Child's weight (in kg) : .....

**REMARKS/ OBSERVATIONS**

**ALLERGIES:**  ASTHMA yes – no  FOOD ALLERGIES yes - no  MEDICATION yes - no  OTHERS

Provide information and required action in case of allergic reaction (if medication please note).

.....  
If specific diet, please **note**:

NO MEAT  NO PORC  Other .....

**INDICATE HERE AFTER:**

Health issues (illness, accidents, particular behaviour, convulsion) note the precautions to take .

**USEFUL ADVICE FROM PARENTS :**

Does your child wear glasses, lenses, hearing device, denture? Please note

**INJECTIONS**

Vaccins :			Dates
D.T.P. :	yes	no	.....
R.O.R :	yes	no	.....
Méningocoque C:	yes	no	.....
Hépatite B:	yes	no	.....

**PARENT INFORMATION SHEET**

**DATES OF STAY:** From to

**PARENT OR GUARDIAN**

**SURNAME / FIRST NAME** .....

Address/Place of stay in the resort .....

**Phone numbers:**

Mother : .....

Father : ..... Other (please note) : .....

I, ..... as legal guardian of .....

Declare the information noted here above is correct and authorise, when required, the ESF personnel to take all necessary measures for my child (medical treatment, hospitalisation, medical intervention). .

I authorise the ESF personnel of the nursery to manage transfers of my child(ren)..... to and from ski lessons and meals.

**Date :** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Read and approved*

**SIGNATURE OF LEGAL GUARDIAN(S)**