



## Health information and contact sheet

Please give this document to those in charge on the *first day* at the childcare centre

### 1 - FAMILY INFORMATION

CHILD'S SURNAME: \_\_\_\_\_ First name \_\_\_\_\_

Date of birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Girl  Boy

PARENT'S SURNAMES (or guardian): \_\_\_\_\_

First names (Mother and Father): \_\_\_\_\_

Exact address in the resort (name of residence, apartment N°...): \_\_\_\_\_

Mobile telephone N° (with country dialling code): \_\_\_\_\_

**N.B., you commit to being contactable at all times**

*Please specify the name and telephone number of anyone else who has your permission to come and collect your child (they will be asked for proof of identity):*

### 2 - MEDICAL INFORMATION

Is the child taking medicine at the moment? Yes  No

If YES, what? \_\_\_\_\_

*Please provide us with a copy of the prescription for the corresponding medicine(s) along with the instructions.*

#### VACCINATIONS (refer to the child's health records)

VACCINE	YES	NO	DATE
Diphtheria			
Tetanus			
Polio			

VACCINE	YES	NO	DATE
Whooping cough			
Haemophilus influenzae type b (Hib)			
Hepatitis B			
Pneumococcal (PCV)			
Measles, mumps and rubella (MMR)			
Others (please specify)			

### 3 - ALLERGIES

Asthma: \_\_\_\_\_

*(In case of asthma, I authorise the staff to administer the designated medical treatment)*

Medicine: \_\_\_\_\_

Food: \_\_\_\_\_ Other: \_\_\_\_\_

In case of an allergy or special diet, please clarify and include the action to take:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4 - HEALTH PROBLEMS AND/OR SPECIAL ADVICE

Please indicate if your child has any health problems (illness, accidents, convulsive disorders, hospitalisation, operations...) specifying dates and any precautionary measures to take, or any other advice that could be useful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5 - CONSENT

I, the undersigned, ..... legal guardian of the child, declare the information on this form to be exact and authorise the nurses of the structure to take, if necessary, any steps (medical treatment, hospitalisation, surgery) made necessary by the child's condition.

I authorise the staff to transport my child to partake in outdoor activities:

Yes  No

I authorise the staff to take photos of my child; these photos may be used for animations or to promote activities organised by the "Maison des Enfants":

Yes  No

Date:

Signature: