MEDICAL FORM

MON AVENTURE MONTAGNE



FROM 3 TO 5 YEARS OLD & FROM 6 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 : | | | | |
| | ion (illness, food allergies, s /hearing aids etc.) | , need for assistive de | evices such as | |
| | | | | |
| Cualian language | | | | _ |
| | s and understandable lang | | | |
| Any recommenda | ations from parents (soft t | toy, inpple etc.): | | |
| | | | | |
| | | | | |

PARENT OR CARER

| First name : | | | Last name : | | | | | | | |
|--|----------------------------|----------|-------------|----|------|--------|--|--|--|--|
| | | | | | | | | | | |
| _ | | | | | | | | | | |
| A | dress in Méribel : | | | | | | | | | |
| - • • | | | | | | | | | | |
| City | y / Country of residence : | | | | | | | | | |
| Mobile phone (obligatory) : | | | | | | | | | | |
| | • • • • • | Father : | | | Mot | ther : | | | | |
| Other people allowed to pick up your child : | | | | | | | | | | |
| 1: | | | | Те | el : | | | | | |
| 2: | | | | Te | el : | | | | | |
| | | | | | | | | | | |

I, THE UNDERSIGNED)...... RESPONSIBLE FOR THE CHILD:

Declare that the information given on this form is correct, authorise the person in charge of the Club to take any measures (medical treatment, hospitalisation, surgery) made necessary by the child's condition/authorise the person in charge to take the child out of the Club.

Authorise the Esf de Méribel to film and photograph my child, as well as the publication of the image in which my child appears, this on different media (written, electronic, audio-visual) and without limit of time. The use of these photos or videos will be exclusively for publication, promotion and publicity for the exclusive use of the esf de Méribel.