



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 (PLEASE BRING CHILD'S VACCINE RECORDS TO PRESENT TO THE STAFF)

VACCINE	YES	NO	DATE
Diphtheria			
Tetanus			
Polio			

VACCINE	YES	NO	DATE
Whooping cough			
Haemophilus influenzae type b			
Hepatitis B			
Pneumococcal			
Measles, mumps and rubella			
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: