



Welcome to the Club des Galopins!

esf LA ROSIÈRE

PLEASE PROVIDE ANY INFORMATION THAT MAY BE USEFUL TO US WHILE YOUR CHILD IS IN KIDS' CLUB

WEEK FROM

TO

Baby Club

Kids' Club

HEALTH QUESTIONNAIRE

1 - CHILD:

SURNAME:

FIRST NAME:

DATE OF BIRTH:

BOY

GIRL

WEIGHT:

KG

2 - CHILD'S LEGAL GUARDIAN

• Surname:

• First name:

• Address in resort:

• Home address:

• Contact number 1:

• Contact number 2:

• Email address:

3 - VACCINATIONS

REQUIRED VACCINATIONS For all children	YES	NO	DATE OF LAST BOOSTER	REQUIRED VACCINATIONS Children born after 2018	YES	NO	DATE OF LAST BOOSTER
Diphtheria				Whooping cough			
Tetanus				Haemophilus			
Polio				Pneumococcus			
				Hepatitis B			
				Measles-Mumps-Rubella			
				Meningococcus C			

IF YOUR CHILD HAS NOT HAD THE REQUIRED VACCINATIONS, PLEASE PROVIDE A DOCTOR'S NOTE STATING THEIR EXEMPTION FROM VACCINATION.

PLEASE NOTE: THERE ARE NO COUNTERINDICATIONS FOR THE ANTI-TETANUS INJECTION.

4 - MEDICAL INFORMATION ABOUT THE CHILD

• Does the child have any special medical requirements (prescribed by a doctor)? YES NO

If yes, please provide a copy of the doctor's note stating the special medical requirements as well as a recent prescription and any medicines (all medicines must be provided in their original packaging, along with the full precautions sheet, and with the child's name clearly marked). No medicines will be administered without a prescription and a doctor's note.

● ALLERGIES:

ASTHMA:	yes	Details:	no
MEDICINES:	yes	Details:	no
FOODS:	yes	Details:	no
OTHER:	yes	Details:	no

● Does the child have any health issues? yes no

PLEASE GIVE DETAILS OF THE ALLERGY/ HEALTH ISSUE AND WHAT TO DO IN CASE OF A REACTION
(if the child can automedicate, please state)

● Further recommendations from parents (glasses, hearing aids, behavioural issues)

● Emergency contacts

FULL NAME	PHONE NUMBER	RELATIONSHIP TO CHILD

5 - AUTHORISATIONS

● People authorised to collect the child (other than their parents):

FULL NAME	PHONE NUMBER	RELATIONSHIP TO CHILD

● I authorise my child to go home on their own after Kids' Club yes no If yes, at what time?:

● I authorise the Club des Galopins to use photos of my child taken during the activities to decorate the club, and for use on the Club des Galopin's communications, website and brochures: yes no

I, the undersigned, _____, legal guardian of the child _____, declare that all of the information provided in this health questionnaire is correct and I authorise Club des Galopins manager to make any necessary decisions in the event of a medical emergency concerning my child (medical treatment, hospitalisation, surgical intervention). Furthermore, I authorise the Club des Galopins to administer paracetamol to my child if his temperature is above 38.5°C (after contacting me)

Date:

Signature: