

Dates of stay :

Customer : Name and First Name :

N° portable :

Name of accommodation on the resort :

MINISTERE DE LA JEUNESSE ET DES SPORTS

Please fill in this form carefully. The following medical information is going to be useful during your child's stay.

I. CHILD	NAME : _____	SURNAME : _____
	BOY <input type="checkbox"/> GIRL <input type="checkbox"/>	DATE OF BIRTH : _____
	WEIGHT : _____	

II. VACCINATION (Health book to present)

Mandatory vaccines	Yes	No	Dates of the last injections	Mandatory vaccines	Yes	No	Dates of the last injections
Diphthérie				Hépatite B			
Tétanos				Pneumocoque			
Poliomyélite				Rubéole-Oreillons-Rougeole			
Coqueluche				Méningite C			
Haemophilus influenza b				Autres (préciser)			

SERUM INJECTIONS	NATURE	DATES

III. MEDICAL INFORMATION

Has your child ever had one of the following ? :

GERMAN MEASLES NO <input type="checkbox"/> YES <input type="checkbox"/>	CHICKEN POX NO <input type="checkbox"/> YES <input type="checkbox"/>	ANGINA NO <input type="checkbox"/> YES <input type="checkbox"/>	RHEUMATISM NO <input type="checkbox"/> YES <input type="checkbox"/>	SCARLET FEVER NO <input type="checkbox"/> YES <input type="checkbox"/>
WHOOPING COUGH NO <input type="checkbox"/> YES <input type="checkbox"/>	FAR INFECTION NO <input type="checkbox"/> YES <input type="checkbox"/>	ASTHMA NO <input type="checkbox"/> YES <input type="checkbox"/>	MEASLES NO <input type="checkbox"/> YES <input type="checkbox"/>	MUMPS NO <input type="checkbox"/> YES <input type="checkbox"/>

Please indicate any other health information and the date (convulsive crisis, allergy, hospitalization, operation, rehabilitation, ...)

IV. RECOMMENDATIONS FROM THE PARENTS

Is your child taking any medication this week ? Yes No

If yes, please specify ? _____
(Please join the prescription with the treatment)

V. LEGAL GUARDIAN :

Name : _____ Surname: _____

Country : _____ Mobile phone : _____

I, named _____, legal guardian of the child
_____ authorise M _____ or Mrs
_____, in possession of an identity card, to pick up my child in the
club in case of impossibility on my part.

I undersigned, responsible of the child declare that everything on this form is correct and authorise, in case of on emergency, to do what is necessary for the wellbeing of my child. (medical treatment, hospitalisation, surgical intervention, ...)

Established in :

Date :

Signature

Cancellation after the supervision has started – NURSERY/MINI-CLUB

The Club des Piou/Piou at Les Menuires / St Martin de Belleville retains the right to refuse the presence of the child, particularly in the event of illness (force majeure)

All cancellation requests in the event of force majeure must be received no later than the day before upon presentation of a justification. Otherwise, an excess fee of one day will be automatically charged according to the public rates.

The days used will be charged according to current public rates:

Rates 2018/2019:

- 1 Half-day : 43 €
- 1 day : 62 €
- 1 Supervision and meal : 22 €