



MEDICAL INFORMATION FORM

SUMMER CAMP

RECENT PHOTO

MANDATORY

This form was done to have medical information which could be useful during the summer camp for your child.

Don't forget to copy the form before filling it if you register many children.

ABOUT THE CHILD

Surname:	First name:	Sexe : F <input type="checkbox"/> M <input type="checkbox"/>
Birth date :	Hometown :	Nationality :
School : Elementary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary: <input type="checkbox"/>	Level :	
Can he/she swim ? : Yes <input type="checkbox"/> No <input type="checkbox"/>		

ABOUT THE LEGAL RESPONSIBLE

Father:

Mother:

Legal Guardian :

Surname:	First name:	
Marital status : Single <input type="checkbox"/> Married: <input type="checkbox"/> Divorcee : <input type="checkbox"/> Others : <input type="checkbox"/>		
Address :		
Home Phone :	Cellular:	Email :
European Health Insurance Card (mandatory to receive medical care):		

Adresse of the legal responsible during the summer camp :
In case of Emergency during the summer camp, how can we contact you ?
phone address
Surname and phone of the general practitioner (optional) :

OBSERVATIONS

THANKS TO CAREFULLY FILL THIS PART
Write here all the information you think useful during the camp (behavior, diet, specific recommendation, ...)

PARENTS RECOMMANDATIONS

Does your child wear lens, hearing aid, false teeth, ... ?
Nota Bene : In case of loss or damage during the camp, refer to our Insurance part in our documentation

HEALTHCARE FORM

Refer to the child health record booklet or his/her vaccination card

Don't forget to ask for his/her European Health Insurance Card

Blood Group (optional) :

Child weight :

VACCINATIONS

Mandatory Vaccines	Yes	No	Last booster shot	Recommended Vaccines	Dates
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>		B Hepatitis	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>		Rubella-Mumps-Measles	
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		Whooping cough	
Or DT Polio	<input type="checkbox"/>	<input type="checkbox"/>		Others	
Or Tétracoq	<input type="checkbox"/>	<input type="checkbox"/>			
BCG	<input type="checkbox"/>	<input type="checkbox"/>			

If the child has not the mandatory vaccines, join a medical certificate attesting the reason.

Warning: no medical certificate is accepted for tetanus vaccine lack.

MEDICAL INFORMATION ABOUT CHILD

Is the child following a course of treatment during the camp ? Yes No

If yes, join a recent copy of the prescription and the required treatment.

No treatment could be follow without prescription

Did your child afflict with the following diseases ?

L'enfant a-t-il déjà eu les maladies suivantes :

Rubella	Chickenpox	Throat infections	Scarlet Fever	Whooping cough
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Otitis	Measles	Mumps	Rheumatic fever	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

ALLERGIES

Asthma	Food	Drugs	Others
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Precise the allergy origin and how to proceed (if self-medication, precise) :

HEALTH DIFFICULTIES

Could you precise :
(specific diseases, accidents, crisis, ...)

Does the child urinate in his/her bed ? Yes <input type="checkbox"/> No <input type="checkbox"/>	For maiden, has she menstruated ? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

AUTHORIZATION

Remind : photos and videos taken during camp could be used further (new letters, catalog, website...) No money compensation could be asked to AROEVEN.

I, the undersigned, (surname and first name of the legal responsible)

- 1. Authorize :** (surname and first name of the child) **to practice all the sport activities during the camp**
- 2. Commit to pay to AROEVEN all extra expenses in case of diseases during the camp.**
(Nota : this expenses will be partially reimbursed by French Social Security system. Accident or disease risks with hospitalization are covered by special complementary insurance)
- 3. Declare that all information given on that form are true and authorize the responsible of the camp to take, if necessary, all the measures (hospitalization, medical treatment, surgery) required for the health of the child.**

If you can't pick up your child at the return of the camp, please to give a hand-signed attestation, with the name of the people who pick him/her up.

In....., on

(Please, write "Read and approved" before signature)

Signature

TO BE FILLED BY THE CAMP DIRECTOR TO THE ATTENTION OF FAMILY

OBSERVATIONS OR MEDICAL TREATMENT GIVEN DURING THE CAMP :