

Health declaration

General inquires about the child

Copy of Birth certificate required for children under 3 years old

Surname and Name :

Birth's date :

Sex :

Adress in Val d'Isère

Adress

Mother's mobile phone

Father's mobile phone

Person authorised to collect the child without legal guardians

The person must show some form of identification to collect the child.

Name : Phone :

Name : Phone :

Vaccinations

Please complete the table below or supplies copies of health records.

Compulsory vaccinations	Yes	No	Dates of the last vaccinations
Diphthéria	<input type="checkbox"/>	<input type="checkbox"/>
Tétanus	<input type="checkbox"/>	<input type="checkbox"/>
Polio / HIB	<input type="checkbox"/>	<input type="checkbox"/>

Recommended vaccinations	Dates of the last vaccinations
MMR (measles, mumps and rubella)
Meningitis C
Whooping cough (pertussis)
Pneumococcal infection
Other

Surround diseases that your child has already had

Rubella	Chicken pox	Tonsillitis	Rheumatism	Scarlet Fever
Whooping cough	Earaches	Asthma	Measles	Mumps

Please list other medicals problems, or concern as well as any useful information

Illnesses, accidents, fits, hospital stays, operations, physiotherapy, etc.

Has your child any allergies, if yes specify cause and measures to be taken

Please provide your child's meal if he/she is under 3 years old and suffer from any food allergy.

Is the child receiving any current medical treatment? If yes, for what aliment?

Please provide the prescription with the medication (Which has to be in the original packaging accompanied with the instructions and marked with the child's name). No medication will be administered without a valid prescription.

For child of less than 3 years old

- Is the child toilet trained? yes no
- If yes, does he/she need a nappy at nap time? yes no
- Is your child authorized to play outdoors? yes no
- Does your child prefer a bottle or yogurt at snack time? bottle yogurt
- Does he/ she require any particular skin/body treatment?

What is his/her weight?

Photography

Do you authorize the Children's Village to use photos and films from your child for brochures and interior decorations?

yes no

Responsibilities and rules of procedure

undersigned, _____, legal guardian of the child, declare that all of the information I have given on this form are correct and authorize the management of the Children's Village to take any measures (medical treatment, hospitalisation, surgery, etc.) made necessary by the child's condition . I also certify i have read the rules and agree to respect for the smooth running of the kindergarten.

Date and signature