



HEALTH FORM

Model / Ministry of youth and sports / CERFA N° 10 008

This form was created to gather medical informations that could be important for us to know during your child's journey.

Name

1st name :

Sex : M / F

Birthdate :

Vaccinations :

Type :	.....	Date :
	.....	Date :
	.....	Date :
	.....	Date :
	.....	Date :

No vaccination, why ?

Serum injections : Type and date :

Medical informations : Did your child ever encountered those diseases :

Rubella :	Varicella :	Angina :
Rheumatism:	Otitis :	Asthma :
Whooping cough :		

Measles : Earache :

Please indicate here other medical difficulties :

Parental advice :

Treatments in process? : yes / no *

If yes, what kind ? :

If your child must have a treatment during the stay, please join the medical prescription.

The person in charge certifies that the child is covered by a personal insurance (liability insurance...).

Type :

Contract N° :

The undersigned person in charge, Mr / Mrs declares that aforesaid informations and statements are true, and gives the authorization to the person in charge of the stays to take, if necessary, any decision (medical treatments, hospitalization, surgery) made necessary according to the conditions.

Signature :

*cross out unnecessary response