

To be filled on screen before printing



PHOTO

MEDICAL FORM – 2017

(All information on this medical sheet is confidential).

Please complete this FILLABLE PDF FORM ON SCREEN in ENGLISH or in FRENCH ONLY

FIRST NAME

LAST NAME

PREVIOUS MEDICAL HISTORY:

- Disease, disability or hospitalisations:

- Allergies: please list these clearly (food allergies see in the nutrition/food section later in the document).

- Psychic, social & eventual educational problems:

- Treatment or medication needed during the stay: **IMPORTANT NOTE** If your child needs to take medicine during her/his stay at FIL, please enclose a medical certificate.

- Glasses / lenses: Yes No

- Braces: Yes No

NUTRITION / FOOD food allergies, special diet (religious, intolerance...): PLEASE, GIVE AS MUCH DETAILS AS POSSIBLE tolerance, quantity, raw/cooked products, etc.

Please please enclose a medical certificate, for any treatment protocol.

Vegetarian: Yes No if yes, precise if you eat fish, sea food, eggs or dairy products.

FOR YOUR INFORMATION:

- Problems during the language course: if your child contact you directly about a problem during his/her stay, without first notifying our team. We would be grateful if you would contact us at once in order to inform us.

- Tobacco, alcohol and drugs: ***strictly forbidden for under 18 and punished by the French law!***

Any participant breaking the rules is running the risk of getting expelled from FIL at family's own expenses. *You are aware that your child smokes, please let us know.*

- Medecine:

FIL'S TEAM WILL NOT ADMINISTER DRUGS WITHOUT A MEDICAL PRESCRIPTION. IF YOUR CHILD NEEDS TO TAKE ANY MEDICINE DURING HER/HIS STAY AT FIL, PLEASE SEND US THE MEDICAL PRESCRIPTION (WHICH SHOULD BE DATED LESS THAN 3 MONTHS). In case of absolute necessary to take medicine, FIL will call you first and then call the emergency services.

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PERMISSIONS & DECLARATIONS:

1. Sports: I authorise my child to practice all sports activities included on the programme: Yes No
Please note that if you select scuba diving as optional activity, a medical certificate is required.

Sport not allowed, please note any medical objections for any sports:

Please fill the form called « Swimming certificate » in the registration form.

2. Declaration of valid vaccinations:

According to the French Law, following obligatory vaccinations need to be up-to-date: Diphtheria, Tetanus and Polio. **Please check if your child's vaccinations are up-to-date and to sign the below declaration.**
Please send us your child's immunisation record.

The undersigned, mother/father of the participant declares that her/his child has had all the obligatory vaccinations: Yes No

Diphtheria Tetanus Polio

3. Permission to travel:

The undersigned, mother/father of the participant, gives permission to her/his child to travel to/from France during the above-mentioned dates and during the stay at FIL-Français Immersion Loisirs. Yes No

4. Permission for medical treatment:

The undersigned_mother/father of the participant_ gives permission to FIL - Français Immersion Loisirs to intervene in an emergency situation. Yes No

Insurance Company

Insurance Number

5. Emergency contact: name, relationship, address, phone and e-mail

I AGREE WITH THE ABOVE PERMISSIONS AND DECLARATIONS,

Name of the responsible person:

Date:

Signature: