

**CONFIDENTIAL MEDICAL INFORMATION SHEET**

Student's name..... First name.....

Date of birth..... Class.....

DATES AND PLACE OF STAY: .....

1°) VACCINATIONS

Mandatory Vaccinations	YES	NO	DATES OF LATEST VACCINE BOOSTERS	Recommended Vaccinations	DATES
Diphtheria				Hepatitis B	
Tetanos				Rubella-Mumps-Measles	
Poliomyelitis				Pertussis	
Or DT Polio				Other (specify)	
Ou Tetracoq					
BCG					

If the child does not have the mandatory vaccinations, attach a medical certificate of contraindication.

2°) MEDICAL INFORMATION CONCERNING THE CHILD

Is the child undergoing medical treatment during the stay?  YES  NO

If yes, attach a recent prescription and the corresponding medicines (boxes of medicines in their original packaging marked with the child's name with the leaflet). No medicine can be taken without a prescription.

3°) ALLERGIES

Asthma  YES  NO Medication  YES  NO

Food  YES  NO Other: .....

Specify the cause of the allergy and what to do about it (in case of self-medication please indicate):

.....  
 .....

Indicate any health difficulties (illness, accident, seizures, hospitalisation, operation, rehabilitation), specifying the dates and precautions to be taken:

.....  
 .....

Other useful recommendation:

.....  
 .....

PERSON RESPONSIBLE FOR THE CHILD

NAME: ..... FIRST NAME: .....

ADDRESS (during the stay): .....

TELEPHONE LANDLINE & CELL ..... OFFICE.....

CONTACT INFORMATION FOR THE DOCTOR (optional): .....

I, the undersigned, ....., legal guardian of the child, declare that the information on this form is correct and authorise the person responsible for the stay to take, if necessary, all measures (medical treatment, hospitalisation, surgical intervention) made necessary by the child's condition.

Date: ..... Signature: .....