

MEDICAL FORM

SURNAME of the minor:

FIRST NAME:

DATE OF BIRTH:/...../.....

GENDER: M ... F....

This form will enable us to gather in one place important medical information about your child (law of 20th Feb 2023 relating to the medical care of minors on school trips or organised holiday activities).

1. Vaccinations (check with G.P. records)

REQUIRED VACCINATIONS	YES	NO	Date of most recent boosters	RECOMMENDED VACCINATIONS	Dates
Diphtheria				Whooping cough	
Tetanus				Haemophilus	
Polio				MMR (Measles, mumps, rubella)	
				Hepatitis B	
				Pneumococcus	
				BCG	
				Others (specify)	

If the minor does not have the required vaccinations add a medical certificate explaining the reason

2 IMPORTANT INFORMATION ABOUT THE MINOR

Weight:kg Height: cm (information required in an emergency)

Will your child be taking medication during their stay in France : Yes..... No.....

If yes, please attach a recent prescription and the corresponding medicines in their original packaging, printed with the child's name if possible. N.B. No medication can be given without a prescription.

DOES THE MINOR HAVE ANY ALLERGIES TO

FOODS YES..... NO.....
MEDICINES YES..... NO.....
ANYTHING ELSE (animals, plants, pollens etc) YES..... NO.....

Please give details:

Please attach a **medical certificate** indicating what causes any allergic reaction, the signs to be aware of and the procedure to follow if it occurs (if the child self medicates please say so)

Does the minor have any other health related problems? If so, please give details: YES..... NO.....

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3. USEFUL INFORMATION FOR HOST FAMILIES:

Does your child wear glasses, contact lenses, a hearing aid or dental brace? Does he/she have difficulty sleeping or present any behavioural problems?

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4. ADULTS RESPONSIBLE FOR THE MINOR

ADULT No 1: SURNAME..... FIRST

NAME.....ADDRESS:

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Home telephone Work telephone

Mobile phone

ADULT No 2: SURNAME..... FIRST

NAME.....ADDRESS:

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Home telephone Work telephone

Mobile phone

NAME AND TELEPHONE NUMBER OF THE MINOR'S DOCTOR:

I the undersigned parent or legal guardian of the minor, declare that the information on this form is correct and undertake to update it if necessary. I authorise the *Association's* representative (Schools' exchange manager, chair or vice-chair) to approve such medical treatment for our child as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner.

Date:

Signature: