



Registration Form and Health Check

Please fill in the form and give it to the Manager of Club Piou piou on the first day of activity.

CHILD

First name

Family name.....

Date of birth:

Medical information (health difficulties, illnesses requiring management, need for assistive devices such as corrective glasses or hearing aids, allergies, ...):

.....

Mandatory vaccinations (DTP, whooping cough, BCG, etc) up to date: YES NO

Any health recommendations from parents:

.....
.....

PARENT or CARER

First name :

Family name :

Address during your stay :

Home address :

.....

.....

Telephone (mandatory) : +

Email address :

Other people allowed to pick up your child :

1.

2.

3.

I,, legally responsible for the above-named child, declare hereby that information on this document is correct, and authorise the Manager of Club PiouPiou to undertake or consent to on my behalf, any necessary first aid or medical measures (medical treatment, hospitalisation, surgical intervention, etc) deemed necessary by the child's state of health and well-being, including taking the child out of the club for medical attention should this be necessary.

Date :

Signature :