

HEALTH SHEET – CHILD



LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

MEN

WOMAN

PASSPORT NUMBER: _____

PHONE NUMBER: _____

BLOOD GROUP: _____

1 – VACCINATION (refer to the health record or vaccination certificates):

MANDATORY	YES	NO	OPTIONAL	YES	NO
Diphtheria			Hepatitis A		
Tetanus			Hépatitis B		
Poliomyelitis			Yellow fever		
Ou DT polio			Typhoid		
Ou Tetracock			Other (specify)		

2 – MEDICAL INFORMATIONS ABOUT THE CHILD:

Is the child receiving a medical treatment during the stay? Yes No

Does the child have an emergency protocol? Yes No

- ALLERGIES :

- Food : Yes No
- Medication : Yes No
- Other : _____

- SPECIFY THE CAUSE OF THE ALLERGY AND THE PROTOCOL TO BE FOLLOWED (if self-medication, report it): _____

- OTHER HEALT INFORMATIONS: _____

3 – PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

LAST NAME _____ FIRST NAME _____

PHONE NUMBER _____

LINK WITH THE PERSON _____

I, _____, legal guadian of the child declare the information given on this form exact. Please complete and attach the liability waiver if the accompanying adult isn't the child's legal guardian.

Date:

Signature: