



ESF

HEALTH DECLARATION FORM – ESF ARC 1800



Please send back to the ESF the fully completed form before your arrival.

CHILD

Surname:

Firstname:

Date of birth:

Dates of stay :

Child's age :

Medical information (health difficulties, glasses, auditory prostheses, diseases, allergies) :
.....
.....
.....

Compulsory vaccination Diphteria, Tetanus and Polio up to date : yes ☐ no ☐

Other information that might be helpful :
.....
.....
.....

PARENTS

Surname :

Firstname :

Address in Arc 1800 :

Home address :

Mobile number :

Email :

Other persons allowed to collect the child :

1.

3.

2.

4.

I, the undersigned in charge of the child declares exact the information brought on this form / authorize the Club Piou Piou manager to take any measures necessary for urgent medical treatment or transfer of my child to hospital in case of serious accident / authorize the manager to take my child outside the club .

Date :

Signature :