

SURNAME of the minor student (in cap. letters): _____**Forename:** _____**Date of birth:** (dd/mm/yyyy): _____**Gender:** Male Female

This sheet makes it possible to collect useful information about your minor child for the purposes of his language course.

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

Mandatory vaccinations	YES	NO	Dates of last vaccine recalls (dd/mm/yyyy)	Recommended vaccines	Dates (dd/mm/yyyy)
Diphtheria				Pertussis	
Tetanus				Haemophilus	
Poliomyelitis				Rubella-Mumps-Rougeole	
				Hepatitis B	
				Pneumococcus	
				BCG	
				Other (specify)	

IF THE MINOR STUDENT DOES NOT HAVE THE MANDATORY VACCINATIONS, PLEASE ATTACH A MEDICAL CERTIFICATE OF CONTRAINDICATION.

2-INFORMATION CONCERNING THE MINOR STUDENT:

Weight: _____ kg

Height: _____ cm (useful information in case of emergency)

Does the student undergo any 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 in the name of the child with the package leaflet). No medication can be given without a prescription.

ALLERGIES (Specify): _____

If so, attach a medical certificate specifying the cause of the allergy, the evocative signs, and the action to be taken.

Does the student have a health problem? Yes No

If yes, specify:

3- USEFUL RECOMMENDATIONS FROM PARENTS OR LEGAL GUARDIAN

Wearing glasses, lenses, dental or hearing equipment, behaviour of the child, sleep difficulties, night enuresis, etc

4-LEGAL REPRESENTATIVES

Representative N°1:

SURNAME: _____ Forename: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

MOBILE PHONE: _____

Representative N°2:

SURNAME: _____ Forename: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

MOBILE PHONE: _____

NAME AND TELEPHONE NUMBER OF ATTENDING PHYSICIAN:

I, the undersigned _____, legal representative of the minor, declare that the information provided on this form is accurate and undertake to update them if necessary. I authorize Ciel Bretagne to take, if necessary, any measures made necessary according to the state of health of this minor.

Date (dd/mm/yyyy): _____

HANDWRITTEN SIGNATURES

Signature of the mother:

Signature of the father:

Signature of the legal guardian: