

LIAISON HEALTH FORM

CONFIDENTIAL DOCUMENT

NAME OF THE MINOR:

FIRST NAME:

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

SEX: M ☐ F ☐

This form collects useful information about your minor child for the purposes of his or her language stay.

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

MANDATORY VACCINATIONS	Yes	No	DATES OF THE LAST RECALLS	RECOMMENDED VACCINES	DATES
Diphtheria				Whooping cough	
Tetanus				Haemophilus	
Poliomyelitis				Rubella-Mumps-Measles	
				Hépatite B	
				Pneumococcus	
				BCG	
				Other (specify)	

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

2-INFORMATION ABOUT THE MINOR

Weight:..... Kg; Waist:.....cm (information needed in case of emergency)

Is he undergoing medical treatment during the stay? ☐ Yes ☐ No

If so, attach a recent prescription and the corresponding medication (boxes of medication in their original packaging, marked with the child's name with the leaflet). No medication can be administered without a prescription.

ALLERGIES:

FOOD

MEDICINAL PRODUCTS

OTHER (animals, plants, pollen):

☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No

Specify

If yes, attach a **Medical certificate** specifying the cause of the allergy, the suggestive signs and the course of action to take.

Does the minor have a health problem, if so, please specify ☐ Yes ☐ No

3- HELPFUL RECOMMENDATIONS FROM PARENTS OR LEGAL GUARDIANS

Wearing glasses, contact lenses, dental or hearing aids, the child's behaviour, sleeping difficulties, bedwetting, etc...

4- PERSONS RESPONSIBLE FOR THE MINOR

Responsible N°1: NAME: FORENAME:.....

ADDRESS:.....

HOME PHONE NUMBER..... WORK PHONE NUMBER.....

MOBILE PHONE:

Responsible N°2: : NAME: FORENAME:.....

ADDRESS:.....

HOME PHONE N°

WORK PHONE N°

MOBILE PHONE:

NAME & PHONE NUMBER OF GENERAL PRACTICIONER:

I, the undersigned....., the minor's legal guardian, declare the information on this form to be accurate and undertake to update it if necessary. I authorise CIEL Bretagne to take, if necessary, any measures made necessary according to the state of health of this minor.

Date:

Father's signature / Mother's signature/ Legal representative's signature