



# LIAISON HEALTH SHEET

## CONFIDENTIAL DOCUMENT

**SURNAME** of the minor: \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

This sheet makes it possible to collect useful information about your minor child for the purposes of participation to the camp.

### 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 DOES NOT HAVE THE MANDATORY VACCINATIONS, PLEASE ATTACH AMEDICAL CERTIFICATE OF CONTRAINDICATION

### INFORMATION CONCERNING THE MINOR:

Weight: \_\_\_\_\_kg Height: \_\_\_\_\_cm (useful information in case of emergency)

Does the minor 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 minor have a health problem?  Yes  No

If yes, specify: \_\_\_\_\_

**NAME AND TELEPHONE NUMBER OF ATTENDING PHYSICIAN:**

\_\_\_\_\_

### USEFUL RECOMMENDATIONS FROM PARENTS OR LEGAL GUARDIAN

Wearing glasses, lenses, dental or hearing equipment, behavior of the child, sleep difficulties, nightenuresis, etc.

\_\_\_\_\_

### LEGAL RESPRESENTATIVES OF MINOR

Representative N°1:

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

Representative N°2:

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

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 RIVIERA BASKETBALL ACADEMY to take, if necessary, any measures made necessary according to the state of health of this minor.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

HANDWRITTEN SIGNATURE