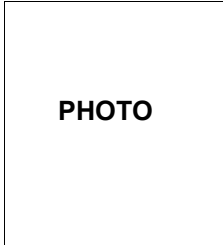


To be completed on screen before printing



FRANÇAIS · IMMERSION · LOISIRS



### MEDICAL FORM – FIL

*(All information on this medical form is confidential).*

**Please complete this ADAPTABLE PDF FORM ON SCREEN in ENGLISH or in FRENCH ONLY**

**First Name**

**Last Name**

### MEDICAL HISTORY

Diseases  
Disabilities  
Hospitalisations  
Allergies  
*((food allergies please see the nutrition/food section further on in the document))*  
  
*Please give as many details as possible*

Treatment / medication  
needed during the stay

**YOUR CHILD CAN ONLY BRING TO FIL MEDICINES WITH A DR PRESCRIPTION DATED WITHIN 3 MONTHS PRIOR TO CAMP.**  
If the child has any medicines, these must be carried in their original packaging with their instructions. These will be given to the Health Assistant responsible for ensuring your child receives their treatments as per their prescription.  
Prescriptions are obligatory and must be brought for all medicines including paracetamol, ibuprofen and any topical treatments. .

Special attention

### NUTRITION / FOOD

Food allergies  
Special diet  
(food intolerances / religious reasons...)

**Vegetarian :**

**Yes**  **No** If yes, could you precise if she/he can eat:  
 eggs  fish  sea food  dairy products

**PLEASE, GIVE AS MANY DETAILS AS POSSIBLE tolerance, quantity, raw/cooked products, etc. Please enclose a medical certificate, including any treatment protocol.**

### FOR YOUR INFORMATION:

- Problems during the language course: if your child contacts you directly about a problem during his/her stay, without first notifying our team we would be grateful if you would contact us at once in order to inform us.

- Tobacco, alcohol and drugs: ***strictly forbidden for under 18 and punished by the French law!***  
*Any participant breaking the rules risks being expelled from FIL at their family's own expense.*  
*Please let us know if you are aware that your child smokes.*

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FRANÇAIS - IMMERSION - LOISIRS

## PERMISSIONS & DECLARATIONS:

<b>1. Sports</b>	I authorise my child to practice all sports activities included on the programme and to complete and submit the « Swimming certificate » to FIL	<input type="radio"/> Yes	<input type="radio"/> No
! Sport not allowed, please note any medical objections for any sports: :			
<input type="text"/>			
Please note that if you select <u>scuba diving</u> as optional activity, a medical certificate is required.			
<b>2. Vaccination</b>	The undersigned, legal guardian of the participant declares that her/his child has had all the obligatory vaccinations:	<input type="radio"/> Yes	<input type="radio"/> No
According to the French Law, the following obligatory vaccinations need to be up-to-date: Diphtheria, Tetanus and Polio. <i>Please send us your child's immunisation record.</i> <input type="checkbox"/> <b>Diphtheria</b> <input type="checkbox"/> <b>Tetanus</b> <input type="checkbox"/> <b>Polio</b>			
<b>3. Travel</b>	The undersigned, legal guardian of the participant, gives permission to her/his child to travel to/from France during the above-mentioned dates and during the stay at FIL-Français Immersion Loisirs.	<input type="radio"/> Yes	<input type="radio"/> No
<b>4. Medical treatment</b>	The undersigned, legal guardian of the participant, gives permission to FIL - Français Immersion Loisirs - to intervene in an emergency situation for medical care	<input type="radio"/> Yes	<input type="radio"/> No

Insurance Company

Insurance Number

**5. Emergency contact:** name, relationship, address, phone and e-mail

**I AGREE WITH ALL THE ABOVE PERMISSIONS AND DECLARATIONS:**

**Name of the responsible person:**

**Date :**

**Signature :**

*This Medical form is valid up to 12 months.*