

STUDENTS HEALTH FORM

THIS FORM MUST BE RETURNED, COMPLETED AND SIGNED

by e-mail to : ats@cia-france.com or fax to : (33) (0)4.92.90.71.71

Together with a legible double sided copy of the student's father's, mother's or legal guardian's Passport or ID card.

• MEDICAL INFORMATION

- I confirm that my child meets the obligatory legal conditions concerning vaccinations (DTP (Polio) and BCG).
- If my child is of European origin I confirm that he (she) has a European Health Insurance Card in replacement of the E111 form (as of June 2004)
- My child does not have a problem regarding group life, the playing of sport and particularly the activity "sailing".
- My child does not require **medical treatment** during his (her) stay.
If yes, please attach a recent prescription and the corresponding medicines for the time of your child's arrival.

ALLERGIES :

ASTHMA : YES NO FOOD : YES NO Details :

OTHERS:

CHILD'S MEDICAL HISTORY and OTHER INFORMATION (Operations, accidents, illnesses, etc...)

To be filled in if necessary

.....
.....
.....
.....
.....
.....
.....

LEVEL OF SWIMMING :

Doesn't know how to swim Beginner Intermediate Advanced

• SUPPLEMENTARY LEISURE ACTIVITIES

For those minors wishing to participate in activities not supervised by the personnel of **Centre International d'Antibes or Atoll Juniors** : scuba diving, water skiing, bike hire (KIOSK)...

YES, I authorise my child to participate in these external activities not supervised by the **Centre International d'Antibes and / or Atoll Juniors staff** but suggested by local professionals and under their responsibility.

I THE UNDERSIGNED.....(Surname).....(Name)

Parent Or Legal Guardian :

Surname.....Name.....Date of Birth.....

I declare that to the best of my knowledge all of the information given above is correct.

DATE:.....SIGNATURE :.....