

This form is used to collect useful information when your child first attends the center. It means you don't need to bring your child's health record with you. It should be updated to reflect your child's current state of health.

1 THE CHILD

Last name: First name Date of birth:/...../..... ☐ Girl ☐ Boy

2 PERSON RESPONSIBLE FOR THE CHILD

☐ Mother ☐ Father ☐ Other : Last name: First name:
Address: Postal code: City:
Guardian 1: Mobile: Home: School:
Responsible person 2: Mobile: Home: School:
Social security number:
Address of your CPAM (French social security office):

3 VACCINATIONS

Reminder: vaccination is mandatory (unless medically contraindicated) in order to enrol a child in a childcare facility.

Therefore, to certify the child's vaccination status, I must attach one of the following documents to this health form:

☒ A copy of the health record (Cerfa No. 12594*02 and No. 12595*02).

☒ A medical certificate attesting to the child's vaccination status.

4 MEDICAL INFORMATION ABOUT THE CHILD

Could your child's admission cause any difficulties (regular medical treatment, disability, other issues, etc.)?

YES ☐ NO ☐

If so, please contact us to establish a protocol tailored to your child, ensuring they can be welcomed in complete safety.

Does your child have any allergies?

Asthma YES ☐ NO ☐

Medication YES ☐ NO ☐

Food YES ☐ NO ☐

If other, please specify below: ☒

Specify the cause of the allergy and the action to be taken (if self-medication, please indicate):

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

Has your child ever had any of the following illnesses:

Rubella:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Scarlet fever:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ear infection:	YES <input type="checkbox"/>	Measles:	YES <input type="checkbox"/> NO <input type="checkbox"/>
NO <input type="checkbox"/>		Angina:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Chickenpox:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Whooping cough:	YES <input type="checkbox"/>
Mumps:	YES <input type="checkbox"/> NO <input type="checkbox"/>	NO <input type="checkbox"/>	
Acute rheumatic fever:	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Please indicate below any health problems (illness, accident, seizures, hospitalization, surgery, rehabilitation), specifying the dates and any precautions to be taken:

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

5 USEFUL RECOMMENDATIONS FROM LEGAL GUARDIANS

Does your child wear contact lenses, glasses, hearing aids, dentures, etc.? Please specify:

.....

If your child is ill during any of the periods of care, please provide us with a recent prescription and the corresponding medication (medication boxes in their original packaging marked with the child's name and the instructions). No medication may be taken without a prescription.

Done at:

.....

Name of signatory:

Signature:

1 THE CHILD

Last name: First name: Date of birth:/...../..... ☐ Girl ☐ Boy

2 LEGAL GUARDIANS

Last name: First name: ☐ Mother ☐ Father Other, please specify:

Last name: First name: ☐ Mother ☐ Father Other, please specify:

3 IMAGE RIGHTS

I authorize the Ufcv to use my child's image in any communication medium (Ufcv website, community website, brochures, videos, audio media, newspapers, family blog, center activities, photography, newsletter) for an indefinite period and for non-commercial purposes in France.

Yes ☐ No ☐

4 AUTHORIZATION TO LEAVE

- As the legal guardian, I authorize my child to leave the center alone. Yes ☐ No ☐
- As the legal guardian, I authorize the following persons to pick up my child at the end of the day. They must provide proof of identity, without which the child will not be allowed to leave the center. This authorization is valid from the date of signature until August 31 of the current school year, unless I indicate an end date in the fourth column of the table.

LAST NAME	FIRST	Relationship to the child	Phone	Date of validity if less than the school year

5 TRANSPORT AUTHORIZATION

I hereby authorize the leisure center staff to transport my child during activities organized by the Leisure Center: Yes ☐ No ☐

I am aware that, depending on the distance, duration, and type of activity, different means of transport may be used (minibus, regular bus, coach, etc.).

The UFCV certifies that the means of transport used will be checked to ensure that the vehicle is in good condition, that the driver is fit to drive, that specific insurance covering the transport of children has been taken out and that a safety device suitable for children (booster seat) is present in order to comply with the specific regulations relating to collective childcare facilities

Place:

Signatory's name:

Signature:

