



### HEALTH FORM

Child's surname: : \_\_\_\_\_

Child's forename: \_\_\_\_\_

- If your child is receiving medical treatment, please indicate the type of medication used.  
\_\_\_\_\_  
\_\_\_\_\_
- If your child suffers from allergies, please specify.  
\_\_\_\_\_  
\_\_\_\_\_
- If your child has special dietary requirements, please specify.  
\_\_\_\_\_  
\_\_\_\_\_
- If your child may not take part in any of the activities organised by the School, please specify which ones.  
\_\_\_\_\_  
\_\_\_\_\_
- If your child is taking a watersports course (sailing or diving), please supply the School with a medical certificate and parental consent form before the start of the course.  
\_\_\_\_\_  
\_\_\_\_\_

### EVENING OUTING PERMISSION FORM

- My child is under 16 years of age and is not allowed to go out in the afternoon unaccompanied
- My child is under 16 years of age and is allowed to go out in the afternoon unaccompanied
- My child is aged 16 years or over and is not allowed to go out in the evening unaccompanied
- My child is aged 16 years or over and is allowed to go out in the evening unaccompanied until 00:30 A.M.

I, the undersigned, Mr/Mrs \_\_\_\_\_ (parent or guardian of the child), confirm that the information given above is correct.

In case of emergency, I can be contacted by the School on the following numbers -

Téléphone : \_\_\_\_\_

Mobile : \_\_\_\_\_

Fax : \_\_\_\_\_

Date:...../...../200...

Signed: