

MEDICAL INFORMATION 2016

SURNAME First Name			
Date of birth			
Student's parents or legal guardians			
Name		(father)	
Postal address		(father)	
Postcode		City & Country	(father))
Tel incl. country code (preferably mobile)		(father)	
Email address		(father)	
Name		(mather)	
Postal address		(mather)	
Postcode		Postcode	(mather)
Tel incl. country code (preferably mobile)		(mather)	
Email address		(mather)	
MEDICAL INFORMATION			
Does your child have asthma or any other health condition we should know about? <input type="checkbox"/> yes <input type="checkbox"/> no			
Any known allergies to medicines or foods? <input type="checkbox"/> yes <input type="checkbox"/> nu If yes, which?			
Is any regular medication necessary during the stay? If yes, which?			
Are there any acute illnesses or health conditions at the moment? If yes, which?			
Signature of parents or legal guardian(s)			
(father)		(mather)	
(legal gardians)			

PARENTAL CONSENT 2016

In the event that none of the legal guardians can be reached by phone in a medical emergency,

I/we (father, mother, guardian(s))

..... (NAME)

authorise the legally responsible staff members of the Avignon Summerschool to make all necessary decisions regarding medical help and – if necessary – surgical treatment.

In case of emergency I/we also agree to a blood transfusion. Yes No

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

Signature of parents or legal guardian(s):

Father : Mother :

Legal gardians :