**Registration form**

**Parental Autorisation – Health form**

Dear parent(s),

As a parent or guardian, you know the child you entrust to us better than anyone else. We therefore ask you to fill in this health form as accurately as possible, so that we can find the necessary information prior to any care in case of illness or incident. Please do not hesitate to indicate anything that could help us to better identify or understand your child, as well as all the information that will enable us to react as appropriately as possible. We thank you for your collaboration,

The animation team

I, the undersigned (name of legal representative) :

authorize my son/daughter to participate in the workshop that will take place at the Space Fun Games this summer.

NAME and FIRST NAME of the participant

DATE OF BIRTH :

ADDRESS :

2 PERSONS TO CONTACT IN CASE OF EMERGENCY:

Name …………………………………………………………………… Parental link :………………………….……………………. Phone(s) …………………………………..………………………….…………………………………………………………………….

Name …………………………………………………………………….Parental link :……………………….……………………. Phone(s) …………………………………..………………………….…………………………………………………………………….

Are there any important specific medical data to be known for the proper functioning of the activity (heart problems, **epilepsy**, asthma, diabetes, motion sickness, rheumatism, skin conditions, motor or mental handicap...)?

PLEASE INDICATE THE FREQUENCY, SEVERITY AND ACTIONS TO BE TAKEN TO AVOID AND/OR RESPOND TO THEM. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

WHAT ILLNESSES OR MEDICAL PROCEDURES DID THE PARTICIPANT HAVE TO UNDERGO? (Please indicate the year) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**I WELL NOTED THAT IF THE PARTICIPANT MUST TAKE MEDICATIONS, THE PARTICIPANT MUST BE TOTALLY INDEPENDENT IN TAKING THESE MEDICATIONS.**

**We remind you that we are not authorized to administer them AND that the medications cannot be shared between participants.** …………………………………………………………………………………………………………………………………………………………

"I hereby agree that, during the stay of my child, the responsible for the camp or its medical service may take any required measure in order to provide adequate healthcare to my child. I also grant the local doctor the right to take any urgent and indispensable decision in order to ensure the health of my child, even in case of surgery."

This information will be used for the daily follow-up of your child and is reserved for internal use by the team and, only if necessary, by the health care providers consulted. In accordance with the law on the processing of personal data, you can consult and modify them at any time. These data will be destroyed one year after the stay if no file is opened.

DATE and SIGNATURE of the PARENT / GUARDIAN,