

This form should be given to the person responsible for the activity. This form must be completed by the parents. All data will be kept confidential and this sheet will be destroyed after a maximum of one year.

- ➔ **Please attach a recent copy of the vaccination certificate.**
- ➔ **Please attach a copy of both sides of the social security card.**

Personal data of the child

First name	Name	Group

Address (nr, street)	Postcode / Town

	CNS / other:
Social Security Number (lux.)	Health Insurance

Date of last vaccination against tetanus:	
Medical history (e.g. diseases, surgeries, disabilities, bedwetting, ...):	
Allergies (food, plants, animals, medications, ...) and treatment if available:	
Special dietary needs (if applicable):	

Medications that must be taken on a regular basis (e.g. every day)

name of Medication	dose	morning / afternoon / evening	before /after meals

My child is able to take its medication by itself: yes No, the leaders need to take care of this.

How can the child swim?	good	bad	non swimmer
My child can participate in all physical activities and sports:		yes	no
If not, which activities must be avoided?			

Parents' contact data in case of emergency			
Name and first name		Tel.	
Name and first name		Tel.	

Who to contact if the parents are not reachable			
Name and first name		Tel.	
Relationship to the child			

Physician who knows the child best			
Name and first name		Tel.	

Additional comments:

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Parental authorization: I hereby authorize the youth leaders in charge to undertake the necessary measures in case of illness or an accident to my child, including to consult a doctor of their choice. In the case that my child's health required an urgent decision, and not being personally reachable, I leave the initiative to the attending physician for every investigation, medical or surgical treatment that he judges necessary.

Father / mother / guardian of *

Name and first name

Child's name

Date

Signature

* Cross out as applicable