

PRACTICAL QUESTIONS FORM

Surname: First Name:

Date of birth:

Telephone numbers:

Mummy: Daddy:

1) Food:

Is your child allergic to some type of food?

☐ No ☐ Yes Which? :
.....

Does your child have specific food requirements as regards to his/her religion or other reasons?

☐ No ☐ Yes Which? :
.....

2) Sleep

Signs of tiredness:

Security blanket and other objects:

3) Language:

Which language does your child speak at home?

4) Illness:

In case of fever exceeding 38.5°, do you allow the educators to administer a tablet of TYLENOL (100mg/200mg)? ☐ Yes ☐ No

In case of contusion: ARNICA granule 5CH? ☐ Yes ☐ No

5) Authorisation:

I authorise my child to participate to the outdoor activities and to use transports: bus, school bus, TSOL, train:

☐ Yes ☐ No

Do you authorise us to display the pictures of your child on our web site?

☐ Yes ☐ No

6) Other remarks:

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.....
.....

Place and date:

.....

Signature: