



HEALTH FORM

FAMILY NAME: **STUDENT'S FIRST NAME :**

I confirm that my child meets the obligatory legal conditions concerning vaccinations (DT-Polio). I confirm that my child (if he/she is of European origin) has got the European Health Insurance Card.

My child does not have a problem regarding group life, sport activities and particularly the "sailing" activity.

My child does not require medical treatment during his stay with your organization (if yes, please attach a recent prescription and the corresponding medicines for the time of your child's arrival).

ALLERGIES

Asthma : yes no Drug allergy : yes no
Food allergy : yes no Other:

Specify the cause of the allergy :

We can only accept students capable of managing their allergy independently and accept no responsibility with regards to allergic reactions.

If your child suffers from an allergy, but you nevertheless wish to send him/her to stay with us, **please rewrite the following statement by hand:**

"I, the undersigned (surname, first name) discharge the CIA / Atoll Juniors of any and all responsibilities concerning the allergies of my child (surname, first name)."

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MEDICAL HISTORY

Child's medical history and other information (operations, accidents, illnesses, etc.) To be filled in if necessary

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LEVEL OF SWIMMING

Doesn't know how to swim Beginner Intermediate Advanced

IN CASE OF HOSPITALISATION

"I authorize the legal representative of CIA or Atoll Juniors to take all necessary decisions (medical treatments, hospitalisation, surgery) regarding my child (surname, name) in respect of the medical report and will reimburse all medical expenses that could possibly be engaged by CIA for my child within 48 hours. I understand that holding an European Health Card or any Health Insurance does not necessarily exempt from paying medical fees at the hospital".

Parent or Legal Guardian:

Surname: Name:

Date of birth: Telephone number (specify country code):

I declare that to the best of my knowledge all of the information given above is correct.

Date : **Signature (mandatory):**

GOING OUT PERMISSION FORM

FAMILY NAME: **STUDENT'S FIRST NAME:**

WITHOUT ACCOMMODATION

- **6-12 years old : NO DAY OUTING UNACCOMPANIED:** continuous supervision until parents come to pick them up
- **13 - 17 years old: DAY PERMISSION as follow:** students are automatically authorized to go out unaccompanied in the day time outside mandatory courses and activities scheduled.

I, the undersigned (Surname, First name) am the father / mother / legal guardian (please circle) of the forenamed child, confirm I understand and approve the above rules applied for my child.

Date : **Signature (mandatory) :**

MODEL RELEASE

I, the undersigned (Surname, First name) am the father / mother / legal guardian (please circle) of the forenamed child, hereby give the permission to use the images or movie clips with my child in our marketing media (internet, brochures, CD) for the purpose of travel related advertisement.

Date : **Signature (mandatory) :**

IMPORTANT NOTES

- This document must be completed and returned by e-mail together accompanied of a double-sided copy of the parent's or legal guardian's passport or Identity Card, in order to verify the validity of the signature.
- We reserve the right to suspend the going out permission if deemed necessary or to exclude students in case of abuse of the school rules and/or unacceptable behaviour.