



## 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 a severe 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)."**

### MEDICAL HISTORY

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

### 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

Evening going out permission conditions depend on your child age and type of accommodation.

**NO EXCEPTION WILL BE MADE**

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

### ACCOMMODATION ON CAMPUS / IN RESIDENCE:

- **8 - 12 years old: NO OUTING UNACCOMPANIED.**
- **13 - 15 years old: ALL students are allowed to leave the school unaccompanied until 7.30pm.**
- **16 - 17 years old: please choose one of the option below:**

**OPTION 1: NO EVENING PERMISSION UNACCOMPANIED from 7:30 pm**

**OPTION 2: EVENING PERMISSION as below:**

- Monday - Thursday till 10:00 pm
- Fridays, Saturdays, and days prior to a bank holiday till 01:00 am
- Sundays till 7.30 pm

### ACCOMMODATION IN A HOST FAMILY:

- **13 - 15 years old: NO EVENING PERMISSION UNACCOMPANIED from 7:30 pm**
  - Except on Mondays for the mandatory barbecue party till 11:00 pm
  - Except on Fridays for the mandatory accompanied evening party till 11:00 pm
- **16 - 17 years old: MANDATORY EVENING PERMISSION as below:**
  - Monday - Thursday till 10:00 pm \*
  - Fridays, Saturdays, and days prior to a bank holiday till 01:00 am
  - Sundays till 7.30 pm

*\*Exceptionally on Mondays until 11:00 for the barbecue party organized on the campus.*

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) :** .....

## 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.



## ARRIVAL/DEPARTURE DETAILS

**This completed document must be returned to us by e-mail with a legible double sided copy of the student's father, mother or legal guardian Passport or ID Card.**

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

<b>Arrival :</b> <b>SUNDAY</b> Saturday (extra cost) ARRIVAL DATE: ..... / ..... / ..... ARRIVAL TIME: ..... - TRAIN N° /STATION: ..... - FLIGHT N°/ NICE AIRPORT: ..... - BY YOUR OWN MEANS: .....	<b>Departure :</b> <b>SATURDAY</b> Sunday (extra cost) DEPARTURE DATE: ..... / ..... / ..... DEPARTURE TIME: ..... - TRAIN N° /STATION: ..... - FLIGHT N° / NICE AIRPORT: ..... - BY YOUR OWN MEANS: .....
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**IMPORTANT :**

**It is your responsibility to inform us of the student's arrival and departure details.**

## AIRLINE'S UNACCOMPANIED MINOR SERVICE (UM)

Have you booked and paid for an unaccompanied minor service (UM service) with your airline?

YES  NO

*What is a UM service? This is an additional service offered by some airlines for a fee. Your child remains under the supervision of the airline staff throughout their journey and will be handed over to one of our managers on arrival at the airport. Please ensure that you pay the airline for the UM service for your child's outward AND return journey.*

## 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..

## SUPPLEMENTARY LEISURE ACTIVITIES : KIOSK

Yes, I authorize my child to participate in these external activities not supervised by the Centre International d'Antibes or Atoll Juniors staff but suggested by local professionals and under their responsibility.

*Occasionally, some of our suppliers (bowling, laser quest, etc.) offer sessions at attractive prices which our junior students can join. In this case, our monitors accompany them in the afternoon or evening, and this activity requires an additional cost.*

**Date :** ..... **Signature (mandatory) :** .....



## GENERAL BEHAVIOUR

Each student is expected to behave correctly inside the campus, the residence, the host family and the school, as well as outside, respecting the staff, the other students and the rules of life on the premises.

## ALCOHOL AND DRUGS

It is PROHIBITED to consume, be in the presence of, store or sell alcohol or any other illegal substance on or off our premises. The school reserves the right to immediately expel any student found guilty of consuming or being in possession of alcohol, drugs or other illegal substances.

## VALUABLE ITEMS

The school accepts no responsibility for theft or loss of valuables. We recommend that all our students bring a personal lock to secure their belongings.

## IMPORTANT NOTES

**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.**

Any stay shortened due to expulsion for bad behaviour or failure to comply with a rule will not give any right to reimbursement for the part of the stay not completed and the cost of the return journey will be charged to the parents.

**Date :** ..... **Signature :** .....