Centre de Loisirs « les Loupiots »
Espace Serveray
Route du Mont Favy
74300 Les Carroz d'Arâches
Tél. : 04.50.90.24.58
E-mail : loupiots@lescarroz.com

Subscription and Medical form

Dates: From to

Name of the child: First name:

Sex: Date of birth:

Does the child attend school?

The responsible person:

Father Mother Legal guardian

Name / First name:
Address:

Telephone: home: mobile:
Social security number:
Name and address of your insurance company:

Medical information

Infantile diseases:
Allergies to medicine and treatments:
Allergies to food:

Does the child have a medical treatment? : Which one?

You must enclose vaccination pages from your child's health book

Special problems or notes for the child's care:

Discharge:

The undersigned declares that:

He authorizes the person responsible of the "Club des Loupiots" to make an intervention with the doctor of the ski resort or the nearest hospital in case of problem.

He authorizes the responsible of the "Club des Loupiots" to take pictures for professional use. (Brochures, advertising or website) **yes** **no** (circle your choice)

**I have read and understood the rules of procedures of the centre.
Date and signature of the responsible preceded by the mention
« Read and approved ».**