



# SANITARY MEMO

Name : .....

Surname : .....

Birthdate: .....

• **Health problems** : *As a preventive, we thank you to point out if you had or are still having any health problems. Particularly :*

Cardiac diseases, chest angina, frequent luxations, allergies, asthma, epilepsy, and so on.

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**Vaccinations :**

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.....

• **Blood group** : *Thanks to reply to this question, only if you are sure of your blood group.*

A+ A- O+ O- Other : .....

• **Do you need a special diet (any aliments you cannot eat) ?** .....

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• **Remarks** : .....

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.....

**Name of your accidental insurance** : .....

Address of your insurance : .....

Phone : .....

**Name of your repatriation insurance** : .....

**Person we must contact in emergency :**

Name : .....

Surname : .....

Address : .....

Phone : .....

Kinship link : .....

I, ..... guardian of the child, says the exact information contained in this form and authorizes the head stay to take where appropriate, all measures (medical treatment, hospitalization, surgery) made required by state-of-childs

Date,

Signature,