MEDICAL INFORMATION

Family Doctor :

Doctor's Phone Number :   Medical Alert Bracelet : ☐ (Check here)

Medecine :

Person to contact in case of emergency :

Telephone Number :   Handicap code :

Other information :

AUTHORIZATION

Authorization to give ASA (Tylenol) if needed. Indicate allregy on previous page :	☐ (Check if authorised)	Authorization to participate on outings organized by the School Day Care Services (pedagogical Day, Park activites, etc):	☐ (Check if authorised)
Departure of the child for home (walking or bicycle) parental authorization needed:	☐ (Check if authorised)		

PERIODS OF ATTENDANCE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
06:30H - 08:00H	☐	☐	☐	☐	☐
11:30H - 12:35H	☐	☐	☐	☐	☐
14:15H - 16:00H	☐	☐	☐	☐	☐
16:00H - 18:00H	☐	☐	☐	☐	☐
PERIOD 5	☐	☐	☐	☐	☐
PERIOD 6	☐	☐	☐	☐	☐
PERIOD 7	☐	☐	☐	☐	☐
PERIOD 8	☐	☐	☐	☐	☐

(Check the attendance period for your child)

In case of emergency, the parent or the tutor has to drive his child to the doctor.
In case of emergency needing immediate care, I here by authorize the person in charge of extended day care, to take the necessary measures for the treatment of my child. All expenses incured for the transportation and medical treatment will be assumed by the parents or tutor.

DATE : _____   SIGNATURE: _____