

# STUDENT'S MEDICAL FILE

LAST NAME ..... FIRST NAME.....

## ALLERGIES (Drugs, food, animals, ...)

.....  
.....  
.....  
.....

DIET:      VEGETARIAN       WITHOUT PORK       STANDARD

Assessment carried out by an ophthalmologist:.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Glasses / Lenses: .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assessment carried out by an ENT specialist:.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hearing aid:.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assessment carried out by a speech therapist: .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Specific device:.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assessment carried out by a psycho-motor therapist:.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disability:.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## OBSERVATIONS / OTHER HEALTH PROBLEMS:

.....  
.....  
.....  
.....  
.....  
.....

## DOCTOR :

Surname / First name / Office.....  
Address.....  
Telephone number.....

## PERSON TO NOTIFY IN CASE OF EMERGENCY (excluding legal representatives)

Surname/First nameTelephone.....  
Surname/First nameTelephone.....  
Surname/First nameTelephone.....

I, the undersigned:.....  
attest to the accuracy of the information given below.

Done at:..... on.....Mandatory signature of all legal representatives:

## **AUTHORIZATION FOR GROUP OUTINGS**

I, the undersigned.....

Residing at: .....

In quality of: .....

Declare to authorize my child: .....

to participate to all outings organized by the "Montessori Colors" school.

## **PERSONS AUTHORIZED TO PICK UP THE CHILD**

I, the undersigned: .....

Residing at: .....

In quality of: .....

Declare to authorize the following people to pick up my child:

Surname/First nameTelephone.....

Surname/First nameTelephone.....

Surname/First nameTelephone.....

Surname/First nameTelephone.....

## **IMAGE RIGHTS**

I, the undersigned: .....

expressly authorize the distribution of photos of my child.....

On the educartable platform accessible only to parents and school staff, without concealment of the face.

On school social networks, with face covering.

Done at:..... On .....

Signature preceded by the words "I declare that I have read all the documents present and have no reservations concerning the internal rules of the school, the authorization of group outings and the authorization of the right to image ".

Legal representative 1:

Legal representative 2:

