

# EMERGENCY INFORMATION

**School year (Année scolaire) :** \_\_\_\_\_

**School :** ..... **form :** .....

**Pupil's surname (Nom de l'élève) :** ..... **Pupil's first name (Prénom de l'élève) :** .....

**Date of birth (Date de naissance) :** .....

**In the event of an accident or illness, the school will inform the family as quickly as possible.**

	Legal representative 1 (Responsable légal 1)	Legal representative 2 (Responsable légal 2)
Surname (Nom) First name (Prénom)	..... .....	..... .....
Address (Adresse)	..... .....	..... .....
Home Phone (Téléphone du domicile)	.....	.....
Mobile Phone(Téléphone portable)	.....	.....
Work phone (Téléphone professionnel)	.....	.....

Name and Phone number of a person who might be able to inform you quickly (Nom et n° de téléphone d'une personne susceptible de vous prévenir rapidement) : .....

Pupil's social security number and address of the center : (N° et adresse du centre de sécurité sociale qui couvre votre enfant) :

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Name and address of pupil's school insurance (Nom et adresse de l'assurance scolaire qui couvre votre enfant): .....

In the event of an emergency, the school will call the emergency services who might transport the injured or sick pupil to the most appropriate hospital. The family is immediately notified by the school. Students under the age of 18 can only leave the hospital accompanied by a family member

**Date of the last vaccinations (Date des derniers vaccins) :**

Tetanus (tétanos)...../...../.....      polio ...../...../.....      diptheria (diphthérie)...../...../.....

A booster dose is required every 5 years for this vaccination to be efficient (pour être efficace, cette vaccination nécessite un rappel tous les 5 ans)

**Specific information that should be brought to the school's attention (allergies, ongoing treatments, special precautions...)**

**Observations particulières** que vous jugerez utile de porter à la connaissance de l'établissement (allergies, traitements en cours, précautions particulières à prendre...) .....

**Physician (Médecin traitant) : Name (Nom) :** ..... **Phone number (Téléphone) :** .....

**Address (Adresse) :** .....

Date : .....

Parents' signature (*signature des parents*)

Non-confidential document to be completed by parents at the start of each school year; if you want to send confidential information, you can do so in a sealed envelope for the school nurse and doctor.

Traduction : Anaïs Raymond