STUDENT'S MEDICAL FILE

LAST NAME		FIF			
	ALLE		s, food, animals,		
DIET:	VEGETARIAN 🗖	WITHOUT PC	ORK 🗖	STANDARD 🗖	
Assessment carried out by an ophthalmologist:——			Glasses / Lenses	— □ YES S: — □ YES	□ NO
	ent carried out by an ENT sp		Hearing aid:——	□ YES	□ NO □ NO
Assessment carried out by a speech therapist: Assessment carried out by a psycho-motor therapist			Specific device:		□ NO □ NO □ NO
7.33033ment carried out by a payone motor therap		notor thorapiot	Disability:		□ NO
	<u>OBSERVA</u>		R HEALTH PRO		
0	/ E' / O'''		TOR :		
	/ First name / Office				
	number				
	PERSON TO NOTIFY IN CA First nameTelephone				
	First name Telephone				
	First nameTelephone				
	ersigned: ne accuracy of the information				
Done at:	on	Ma	andatory signature	of all legal represen	tatives:

AUTHORIZATION FOR GROUP OUTINGS

l, the undersigned	
Residing at:	
In quality of:	
Declare to authorize my child:	
to participate to all outings organized by the « La violette Toulousaine » 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	
<u>IMAGE RIGHTS</u>	
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:	