LIAISON HEALTH FORM

To be submitted to the Risk Manager of CISV Switzerland before 10 January 2026
sophialanz.rm@gmail.com

CHILD

NAME:

FORENAME:

DATE OF BIRTH:

GENDER:

Legal guardians of the minor participant:

Emergency contact(s) and telephone:

VACCINATIONS mandated by CISV International

	Date of last recall
Diphtheria	
Polio	
Tetanus	
Whooping cough	
Mumps	
Rubella	

MEDICAL INFORMATION ABOUT THE CHILD

Please note that pre-existing medical conditions are not covered by CISV's insurance policy. However, it is very important to provide this information so that we can assess and respond appropriately to any medical situations that may arise and put together the best possible delegations.

1- Is the participant undergoing any **medical treatment** to be taken during the Village/Youth Meeting/Step Up/Seminar Camp? (A prescription will be given to the leader or the staff, no medication can be taken without a prescription)

2- Does the participant have any drug or food allergies?
If so, what is the procedure to follow in case of allergy.

3- Did the participant have any health concerns to report (chronic illness, disability, mental illness, etc.)?