**LIAISON HEALTH FORM**

**To be submitted to the Risk Manager of CISV Switzerland before 10 January 2027**
**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**

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.)?