



Compagnie des Guides de Chamonix

190 Place de l'Église - 74400 Chamonix - France

Tel : +33 (0)4 50 53 00 88

www.chamonix-guides.com - email : randonnee@chamonix-guides.com

PARENTAL AUTHORISATION

NAME : _____

PLEASE RETURN COMPLETED AND SIGNED

1 – CONSENT

ACTIVITY : _____

I the undersigned Mr / Mrs.....

Living in

.....

Authorise my child (or my children)

.....

.....

To participate in mountaineering school activities and hikes for children, and to authorise any medical intervention in case of an emergency.

Request for authorisation to take photographs of the child/children during the activities for any possible future advertising purposes by the Compagnie des Guides de Chamonix.

Your contact details during the week of your child's/children's trip or hike :

.....

.....



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2 – INFORMATION REGARDING THE MINOR

Weight: kg ; Height: cm
(information required in case of emergency)

Is the child undergoing medical treatment during the stay?

Yes No

If yes, please attach a recent prescription and the corresponding medications (medication boxes in their original packaging, labeled with the child's name and including the instruction leaflet).

No medication may be administered without a prescription.

ALLERGIES

Food allergies: Yes No

Medication allergies: Yes No

Other (animals, plants, pollen): Yes No

Please specify:

.....

If yes, please attach a medical certificate specifying the cause of the allergy, the warning signs, and the procedure to follow.

Does the child have any health issues?

Yes No

If yes, please specify:

.....

.....

.....

3 – USEFUL RECOMMENDATIONS FROM PARENTS

Wearing glasses, contact lenses, dental or hearing devices, child's behavior, sleep difficulties, bedwetting (nighttime enuresis), etc.

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4 – PERSONS RESPONSIBLE FOR THE CHILD

Responsible person No. 1

Last name: First name:

Address:

Home phone: Work phone:

Mobile phone:

Responsible person No. 2

Last name: First name:

Address:

Home phone: Work phone:

Mobile phone:

Name and phone number of the attending doctor:

.....

I, the undersigned (.....), legal guardian of the child,
declare that the information provided on this form is accurate and undertake to update it if
necessary.

I authorize the leisure center supervisor to take, if required, all measures deemed necessary
according to the child's state of health.

Date: Signature: