DOCUMENT NAVETTE

URGENCE MEDICALE



**NOM …………………………………………………………….**

**PRENOM……………………………………………………….**

**DATE DE NAISSANCE…………………………………….**

**ADRESSE ……………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………………………………**

**N° DE SECURITE SOCIALE (Nationale et ou Européenne) …………………………………………………………………**

**MUTUELLE COMPLEMENTAIRE ……………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………….**

**N° DE TEL PERSONNE A PREVENIR EN CAS D’URGENCE ……………………………………………………….**

**AUTRES PERSONNE …………………………………………………………………………………………………………….**

**GROUPE SANGUIN …………………………….**

**TRAITEMENTS MEDICAUX PARTICULIERS ……………………………………………………………………………**

**ALLERGIES OU AUTRES ……………………………………………………………………………………………………….**

**NON DU MEDCIN TRAITANT ………………………………………………………

TEL DU MEDECIN TRAITENT ……………………………………………………….**

**OBSERVATION A SIGNALER …………………………………………………………………………………….............
……………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………..**

* **CE DOCUMENTS RESTERA EN POSSESSION DES ENTRAINEURS ET TRANMIS AU SERVICE DES URGENCES MEDICALES CONCERNEES.**
* **IL RESTERA CONFIDENTIEL ET UTILISE SEULEMENT EN CAS D’URGENCE NECESSAIRE.**