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| **Fiche sanitaire et de présence des élèves** A renvoyer à [vverheyde@ucpa.asso.fr](mailto:vverheyde@ucpa.asso.fr) et [dlaisne@ucpa.asso.fr](mailto:dlaisne@ucpa.asso.fr) | | | | | | | | | | | |
| Ecole / Classe / Nom de l'enseignant : | | | | | | | | | | | |
| Période :  Horaires : | | | | | | | | | | | |
| Nom | Prénom | Très peur de l'eau | Problème de Santé | Présences lors des séances (rempli par les MNS pour suivi) | | | | | | | |
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