



CONFIRMATION CHILD DOESN'T HAVE ANY

I confirm that my child: _____

Born: _____

Address: _____

Doesn't have any doctor's quarantine ordered and any infectious illness, and have not recently come into contact with a person who has been kept in quarantine or had an infectious illness.

DECLARATION OF THE HEALTH

Allergy: _____

Continuous medication: _____

Antibiotics for the last six months (*which/when*): _____

Vaccination against: _____

Draw attention to the child's ... : _____

Insurance company: _____

I declare that the child can participate in the sports activities and stay in the joint residence accommodation for children, and I also agree with the following:

SUBMITTED DURING THE PRESENTATION

The health insurance card: YES / NO

MEDICAMENTS with dosing schedule and use: YES / NO

THE CHILD IS: A good swimmer Swimming with aids Non-swimmer

Caution: For valuables, electronics, money and mobile phones WING 49 GB doesn't take responsibility. In case of damage or breakage of the equipment (and) in the hotel or the ice rink, the parents must provide financial compensation after the agreement with the organizer. I agree with using photos of my child for the camp propagation

Date: _____ Parent's telephone number: _____

Signature of the legal representative: _____