

Parent's of statement

Child's name: _____

Date of birth: _____

Address: _____

Mother's name: _____

I hereby pronounce that I have / haven't noticed

Temperature	yes / no	
Sore throat	yes / no	
Vomit	yes / no	
Diarrhoea	yes / no	
Rash	yes / no	
Sallowness	yes / no	on my child.

The child has / hasn't got lice. yes / no

- ❖ My child doesn't suffer from food allergy or chronical illness, she/he doesn't need medication during the time of camping.
- ❖ My child suffers from the following allergies or illnesses:

I agree to my child being examined by the camp's doctor.
In case of illness I agree to collect my child immediately after the organiser's notice.

Date: _____, _____ year _____ month ____ day

Parent's name: _____

Adress: _____

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Signature