

INFO SHEET: CONFIDENTIAL INFORMATION

Please fill in all the sections of the document.

Please choose:

Session 1: 1-15 July 2017

Or

Session 2: 16-30 July 2017

When filling in, please use Latin letters.

Information about the child:

Last name	
First name	
Gender	
Date of birth (DD/MM/YYYY)	
Permanent address	

Native language:

Other languages:

Select the language program (only one out of three can be selected) for the first session:

- Russian
- German
- English

Child's insurance policy

Important: fill in and send it via-email

Last name	
First name	
Insurance number	
Insurer	
Does it include accidents insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional insurance	

Information about the parent(s)/guardian(s) and child's doctor

Father

Last name	
First name	
Address	
City, Country	
Telephone (with country code)	
E-mail	

Mother

Last name	
First name	

Important: fill in and send it via-email

Address	
City, Country	
Telephone (with country code)	
E-mail	

Family doctor

Last name	
First name	
Telephone number in case of emergency	

Does your child have the following vaccination? (please check the box if the information correctly applies):

- Polio
- Tuberculosis
- Rubella
- Measles
- Diphtheria
- Tetanus
- Whooping cough
- Hepatitis

Date of the last vaccine against tetanus (DD/MM/YYYY): _____

Does your child have or is suffering from any of the following illnesses (please check the box if the information correctly applies)?

- Problems with hearing
- Attention deficit disorder
- Attention deficit hyper-disorder
- Problems with sleep
- Digestion issues
- Cardiovascular dysfunctions/illness

Does the child have the following allergies (please check the box if the information correctly applies):

- Penicilin
- Wasp venom

- Wheat

Other allergies:

Is your child currently consuming any medicine:

- Yes
- No

Will your child bring any medicine to the camp?

- Yes
- No

If yes, please list all the medicine that your child will bring to the camp:

Does your child's health suggest any symptoms that will hinder him/her from doing sports and/or other activities?

- Yes
- No

If yes, please describe in detail:

Why are you sending your child to camp?

- So that she/he could spend an unforgettable summer vacation
- For her/him to learn and/or improve his/her language skills
- So that she/he could get to know people from different countries and broaden her/his intercultural horizon

Question for the child: Why have you decided to go to camp this summer?

PARENTS'/GURADIANS' DECLARATION

To the best of my knowledge, the information provided about the child, whose name is mentioned below, is accurate. She/he has my permission to partake in all camp-related activities, which includes additional events mentioned above, unless otherwise is mentioned in the attached medical examination. Additionally, with my signature, I give the camp's medical team, appointed by the International Summer Camp Friendship, to treat my above-mentioned child and if necessary contact appropriate doctors. In case of an emergency, if I am not available, I give the medical staff appointed by the International Summer Camp Friendship, the ability to contact appropriate doctors, who in their turn will decide on the suitable course of action. This includes hospitalization, X-ray scans, medicine, anesthesia, surgery and/or any other procedure that the doctor(s) will deem necessary, if otherwise is not noted. I have read and understood the context of this document, as well as the information flyer about the camp. I am in accordance with all the mentioned rules. In particular, I understand that if the mentioned child is found in possession, distribution, and/or consumption of alcohol and drugs, or her/his behavior is deemed unacceptable according to the camp's director and/or is in disaccord with the camp's rules/guidelines, I immediately undertake any measures

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necessary that she/he leaves the camp and returns home instantaneously at my own costs.

Signature _____

Date _____

CHILD'S DECLARATION

I understand and agree with the following: I will actively participate in all camp-related activities. I will adhere to all of camp's rules mentioned in the information flyer. In particular, I understand and agree that I will be forced to leave camp and return home at the expense of my parent(s)/guardian(s) if I am found to be in possession, distribution, and/or consumption of alcohol and drugs, or if my behavior is deemed unacceptable according to the camp's director and/or is in disaccord with the camp's rules/guidelines.

Signature _____

Date _____