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# INFO SHEET: CONFIDENTIAL INFORMATION

Please fill in all the sections of the document.

Please choose:

Session 1: 30 June -14 July 2018

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

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**Child's insurance policy**

Last name	
First name	
Insurance number	
Insurer	
Does it include accidents insurance	Yes 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	

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**Mother**

Last name	
First name	
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 deposit disorder
- Attention deposit hyper-disorder

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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

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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 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 \_\_\_\_\_