

Mandatory to fill in.
Send by email:

Form:

CONFIDENTIAL INFORMATION

Please fill in all the items of this form.
Please use block letters of the Latin alphabet

Information on the child

Surname _____

Given name _____

gender _____

Address of the child's registration

Date of Birth dd/mm/yy _____

Native language

Other languages

fluent _____

good _____

What program does your child choose?

You can choose only one of the three programs

Piano _____

Violin _____

Foreign language (English / German / Russian)

Information on the parents

Please fill in all the items so that we can contact you at any time of the day

Father _____

Surname _____

Given name _____

Address _____

Postal code, city, country _____

Telephone: indicate city code, country code _____

Mobile telephone number _____

email _____

Mother _____

Surname _____

Given name _____

Address _____

Postal code, city, country _____

Telephone: indicate city code, country code _____

Mobile telephone number _____

email _____

Contact person, who besides parents we can contact in situations of extreme urgency.
Surname, given name, telephone number (codes). Mandatory to fill in.

Health Insurance Certificate

If you do not fill in the given points, the invoice will automatically include the cost of the insurance certificate

Surname, given name of the child _____

Insurance Certificate number _____

Name of the Insurance Company _____

Information on the Family Doctor

Surname, given name of the family doctor

Telephone numbers (codes) to contact with the
doctor _____

Information on the health of the child from the family doctor.

Have your child been immunized against: **underline as applicable**

Poliomyelitis Yes / No

Tuberculosis Yes / No

Rubella Yes / No

Measles Yes / No

Diphtheria Yes / No

Tetanus Yes / No

Pertussis Yes / No

Hepatitis Yes / No

Date of the last vaccination against tetanus

Does the child have following diseases: **underline as applicable**

Diabetes Yes / No

Asthma Yes / No

Hearing problems Yes / No

Attention deficit hyperactivity disorder (ADHD) Yes / No

Trouble sleeping Yes / No

Diarrheal disease Yes / No

Cardiovascular disease Yes / No

Is your child allergic to:

Penicillin Yes / No

Wasps Yes / No

Wheat Yes / No

other medicines Yes / No

Your additions (other types of allergy) _____

Does your child take medications? Yes / No

Details

Are there any medications that the child is going to bring to the camp?

Yes / No

Details

Does your child keep to a special diet?

Yes / No

Details

Does the state of health of your child include symptoms that prevent him/her from engaging in sports and active games?

Yes / No

Details

Reasons why you send your child to the summer camp

Why have you decided to go to the summer camp? To be filled in by the child

STATEMENT OF A PARENT OR A GUARDIAN. To my knowledge, the information I have provided is true and the child whose name appears below has my permission to participate in all camp activities (including any additional activities as described above, unless otherwise specified or mentioned in the written medical examination certificate attached). I hereby give permission to the medical personnel authorized by the Amadeus Camp of RIS Company to provide treatment to the aforementioned child and to apply to doctors for treatment. In case of emergency, if it is impossible to contact me, I also give permission to the physician authorized by the Amadeus Camp of RIS Company to hospitalize, implement X-ray examination, give medication, implement anesthesia, surgery or other treatment that he/she deems necessary for the aforementioned child, unless otherwise specified. I have read and understood the content of the Confidential Information Form as well as the booklet *Information on the Camp* and hereby agree with all the regulations specified therein. In particular, I understand and accept that if the aforementioned child possesses or uses drugs or alcohol, or, in the opinion of the camp director, behaves inappropriately and violates the rules of conduct at the camp, I will immediately take measures so that he/she leaves the camp at my expense and returns home.

Signature

Date

CONSENT OF THE CHILD. I understand and agree with the following: 1. I will actively participate in all camp activities. 2. I will observe all the camp regulations and I understand all the rules and policy described in the booklet *Information on the camp*. 3. In particular, I understand and agree that I will have to leave the camp and return home at the expense of my parents if I drink or store alcohol, drugs or cigarettes, or if in the opinion of the camp staff, my behavior is in no way in compliance with the camp life style.

Signature

Date