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**Declaration Questionnaire  
for the health status of children participating in Summer camp 2018**

Please complete the questionnaire below thoroughly. This information will help the child to be given timely and adequate support in case of illness or injury.

**Participant:**

three names: .....

PIN: .....

Address: .....

phone: .....

**Parent Information:**

three names: .....

Personal identity number:.....

Address: .....

phone: .....

e-mail: .....

**Contact Person / if different from parent /:**

three names: .....

Address: .....

phone: .....

e-mail: .....

Data of the personal M.D of the student:

Name and surname: .....

Telephone for contact: .....

**Does your child suffer from any of the following diseases? If the the answer is "yes", please, give description in the gap.**

1. chronic respiratory diseases

.....

2. disturbances in the activity of the cardiovascular system

.....

3. diseases of the cardiovascular system, established by medical diagnosis

.....

4. diseases of the musculoskeletal system

.....

5. hypertension

.....

6. epilepsy or other seizure

.....

7. Diabetes

.....



8. gastroenterological diseases

.....

9. kidney disease

.....

10. intolerance to medication and at what

.....

11. chronic diseases

.....

**Please indicate if your child suffers from any of the following allergies:**

- To solar radiation .....
- To grass, grass and trees / hayfever / .....
- Cold allergy .....
- To house dust .....
- To seawater .....
- To insect bites .....
- Food .....

*Please, specify:*

.....

- To medicines .....

*please indicate medicines*

.....

- Other allergies:

.....

**In case of allergic shock:**

observed responses of the body:

.....

medications and dosages:

.....

**Has your child had any of the following injuries?**

**If the answer is "yes", please, describe in the gaps.**

Injuries leading to rupture of the knee, ankle or shoulder ligaments

.....

Injuries of the spine, chest or collarbone

.....

**Please indicate medications your child is taking for high temperature**

.....

**Please indicate medication and dosage that your child is required to take daily by prescription:**

.....

.....

**Please indicate if your child has a deviation from normal eyesight:**

Myopia .....

Farsightedness .....

Astigmatism .....

Low vision in the dark .....



**Do you feel your child is afraid of:**

Heights .....

Enclosed or confined spaces .....

Other .....

Please, describe:

.....

I hereby declare the accuracy of all provided in the questionnaire data.

Signature: .....

/ ..... /  
**name and surname**

date .....

*Not completing this poll might lead to your child being denied participation in the camp. The management of St. George School reserves the right to refuse participation in case of complicated health status of students.*

*All data provided hereto will be used only as necessary information to ensure the safe participation of children in Summer camp 2017. St. George School declares that the information obtained by means of this questionnaire will not be disclosed to third parties for any occasion.*

**DECLARATION**

The undersigned .....

PIN: ....., ID № ....., ed. of ..... Ministry of Interior-city .....,  
permanent address:

.....

declare that I agree that my child .....,

PIN: ....., participates in the Summer camp 2018.

during the period ..... to .....

I acknowledge and accept the conditions of participation and have provided reliable information about the health of my son / daughter.

Date: .....

Parent: .....