

Registration Form and Health Check

Please fill in this form and return it to info@esf-latania.com before the first day of your stay.

Child

First name(s):

Surname:

Date of birth:

Medical information:

Please specify:

Mandatory vaccinations (DTP, whooping cough, BCG etc) up to date: yes no

Any further useful information:

Parent or Carer

First name (s):

Surname:

Address during your stay:

Home address:

Mobile (mandatory):

Email Address:

Other named individual (s) authorised to collect your child:

- 1.
- 2.
- 3.

I, _____ Legally responsible for the aforementioned child, hereby declare that the information in this document is correct, and authorise the Manager of CLUB PIOUS-PIOUS to undertake or consent to, on my behalf, any necessary first aid or medical measures (medical treatment, hospitalisation, surgical intervention etc) deemed necessary by the child's state of health and well-being, including taking the child out of the club for medical attention should this be necessary.

Date:

Signature: