

## Winter Ski Camp

**Austria**

**15.1. – 21.1.2017**

### **Application Form**

**Name of child:**

**Date of birth:**

\_\_\_\_\_

Does your child have any health problems? (i.e. allergies..)

\_\_\_\_\_

Does your child use any medicines, creams/ointments?

If yes, please provide the school with signed medicines in original box with the directions for use.

\_\_\_\_\_

What medicines does your child use while having a cold?

\_\_\_\_\_

What other information should the health worker know?

\_\_\_\_\_

**With this form I enroll my son/daughter:**

.....

for the Mateřská škola a základní škola Beehive s.r.o. Winter Ski Camp.

**Please write down important telephone numbers where you can be reached:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Mother Father Other (who?)

I confirm the truth of all the information provided.

Parent (s) name:.....

Signature:.....Date.....