

Winter Ski Camp
Špindlerův Mlýn – Chata Vatra
16.1. – 20.1.2017

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:

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

<i>!!The school does not provide sports equipment!!</i>
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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.....