

CZECH MUSIC CAMP FOR YOUTH / FINE ARTS CAMPS EUROPE

APPLICATION PART B - HEALTH RECORD

Dear parent or guardian:

Czech Music Camp for Youth requests the following information so that the camp and parents can work together to meet the physical and psychological needs of the camper. All information is confidential! Please complete both sides of this form. Students will give this form and their medication to the Health Staff upon arrival to the camp.

STUDENT'S NAME : _____

BIRTHDATE(dd/mm/yy): _____ / _____ / _____ GENDER (m/f): _____

ADDRESS: _____

_____ PHONE: _____

PARENT OR GUARDIAN NAME: _____

ADDRESS (if different from student): _____

_____ HOME PHONE: _____ WORK PHONE: _____

If parent or guardian is unreachable:

EMERGENCY CONTACT #1: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____

EMERGENCY CONTACT #2: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____

Does your child have any of the following problems?

| | | |
|---|---|---|
| <input type="checkbox"/> Hay fever / Senná rýma | <input type="checkbox"/> Asthma / Astma | <input type="checkbox"/> Seizures / Záchvaty |
| <input type="checkbox"/> Heart Disease / Srdeční onemocnění | <input type="checkbox"/> Diabetes / Cukrovka | <input type="checkbox"/> Measles / Spalničky |
| <input type="checkbox"/> Dental problems / Problémy se zuby | <input type="checkbox"/> Rubella / Zarděnky | <input type="checkbox"/> Mumps / Příušnice |
| <input type="checkbox"/> Whooping cough / Černý kašel | <input type="checkbox"/> Hernia / Kýla | <input type="checkbox"/> Scarlet fever / Spála |
| <input type="checkbox"/> Eczema or rashes / ekzémy a vyrážky | <input type="checkbox"/> Ulcers / Vředy | <input type="checkbox"/> Hepatitis / Žloutenka |
| <input type="checkbox"/> Chicken pox / Plané neštovice | <input type="checkbox"/> Tuberculosis / Tuberkulóza | <input type="checkbox"/> Mononucleosis / Mononukleóza |
| <input type="checkbox"/> Rheumatic fever / Revmatická horečka | <input type="checkbox"/> Shortness of breath / Dušnost | |
| <input type="checkbox"/> Appendicitis / Zánět slepého střeva | <input type="checkbox"/> Frequent sore throats, ear aches, colds / Časté bolesti v krku, uší, | |

rýmy

Other (please explain): _____

Allergies: _____

Note any physical, psychological, medical, or other condition requiring special attention or care (such as sleepwalking, fear of storms, fainting etc.):

_____ yes _____ no Has your female child been told about menstruation?

_____ yes _____ no Has your female child had her first menstruation?

_____ yes _____ no Can your child swim well?

PERMISSION (to be filled out by parents/guardians or physician)

I confirm that the person in this form is healthy and can participate in the camp program.

IMMUNIZATION: Please enter the date last immunized:

Measles / Spalničky* ____/____/____ Mumps / Příušnice* ____/____/____ TBC ____/____/____

Rubella / Zarděnky* ____/____/____ Polio / Dětská obrna* ____/____/____

Diphtheria / Záškrt* ____/____/____ Whooping Cough / Černý kašel* ____/____/____

Haemophilus influenzae type B / Hemofilové nákazy typ B* ____/____/____

Tetanus* ____/____/____ Hepatitis B / Žloutenka B* ____/____/____

*** - required for participants staying in the youth camp in the Czech Republic, if you are missing any of these, please contact camp administration prior your stay at the camp**

MEDICATION: Prescription must not expire during camp!

Name: _____ Frequency: _____ Dosage: _____ Currently taking? _____

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Special attention (health problems, injuries, etc.): _____

Physicians signature: _____

Date: _____

TRAVEL/HEALTH INSURANCE: Please attach photocopy of health insurance card to this Health Record

Policy holder: _____

Name of hospitalization insurance co.: _____

Policy number: _____ Card number: _____ Exp. date: ____/____/____

AUTHORIZATION:

Is there anything in your religious beliefs that should be given consideration in the treatment of your child's health or in case of an emergency? ____ yes ____ no

If yes, please explain: _____

I hereby consent to any and all diagnostic procedures, examinations, care, and treatment as deemed necessary by the Camp Health Staff or designated licensed physician. I further consent to authorize the camp's designated physician to refer my child for consultation to any licensed medical specialist as judged necessary, and give authority to any such physician or surgeon to render any diagnostic procedures, examinations, care or treatment that he/she may deem necessary or advisable.

In case of a serious accident or illness involving your child while he/she is in custody of the camp, every effort will be made to contact parent or guardian. Because I understand that a situation could arise when emergency treatment may be necessary and I cannot be reached I hereby authorize camp personnel to make provisions for treatment with the appropriate medical personnel facility.

Further, I understand and agree that the camp and its medical staff will not accept responsibility for the following: A) Medication not prescribed by camp's designated physician and action resulting from its use and B) actions of the student that are contrary to medical advice.

- **I read the final instructions and agree with the camp policies.**
- **I understand that this form will be stored safely by the camp authorities according to EU GDPR policy for 6 years after my child's departure from the camp.**
- **I confirm that my child hasn't been infected or hasn't come in contact with any infected person for last 7 days prior his/her camp arrival.**

date of arrival at the camp

parent or guardian signature