**MEDICAL CLEARANCE FORM**

1. Does your child take any medication?

If so, please write the exact dosage and instructions for administration by teacher.

1. Does your child have any allergies?

If so, specify exactly what kind of allergy it is, or describe its process/symptoms.

 3) Other important information about which we should be informed:

STATEMENT BY PARENTS - MUST NOT BE OLDER THAN ONE DAY!!

I declare that according to his/her last medical examination, my child: ......................................................... born.: .................. residing at: ......................................................... is in good health and is up to date on all vaccinations, and is therefore able to attend the camp in Vyšehrad from .................... to .................. . Concurrently, I declare that the doctor did not order the above child, who is in my care, to any special treatment regimen or quarantine measures. I also confirm that in the last fortnight my child has not come into contact with persons who have become ill with any contagious disease. Finally, I am aware of the legal consequences that would apply to me by making a deliberately false statement.

Date: …………. Signature of parents or other legal representative: …………………………………

Telephone number for parents or other legal representative:

Father: …………………………………………………

Mother: ………………………………………………..

Other: ………………………………………………….