

MEDICAL FORM FOR THE DOCTOR OF DELPHICAMP

Please send us one signed **medical form** and one signed **registration form** for every child by email at info@delphicamp.gr or by viber at 6907646062.



Camper full name:	
Weight:	
1	<p>How many of the following illnesses has the camper been through?</p> <p><input type="checkbox"/> Varicella <input type="checkbox"/> Rubela</p> <p><input type="checkbox"/> Mumps <input type="checkbox"/> Croup</p> <p><input type="checkbox"/> Scarlet fever <input type="checkbox"/> Measles</p> <p>Other:</p>
2	<p>Is he or she done all the required vaccinations? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> If not, please note which have not been done and why:</p>
3	<p>Please mark if the campers has been vaccinated for tetanus and the date of the last vaccination:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> DATE</p>
4	<p>Has the camper ever had:</p> <p>▪ Trouble breathing YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>▪ Allergies YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify</p> <p>▪ Nose bleeding YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>▪ Sleep walking YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>▪ Epileptic episode YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>▪ Nocturnal enuresis (bed wetting) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>▪ Enzyme deficiency YES <input type="checkbox"/> NO <input type="checkbox"/></p>
5	<p>Is the camper under medication? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, what is the cause?</i></p> <p>What s the medication:</p> <p>Dosage:</p> <p>Duration of medication:</p> <p><i>If the camper suffers from an illness or must take medication during the camp session, you must declare it in advance.</i></p>
6	<p>Does the camper know how to swim? YES <input type="checkbox"/> NO <input type="checkbox"/> He/she only knows how to float <input type="checkbox"/></p>
7	<p>Please specify if there is anything else about the camper's health that the camp should be aware of:</p>
8	<p>Name and phone number of family doctor / pediatrician:</p> <p><i>In case of an illness or accident the camp provides medical coverage and first aid. Cost of medicines and clinical care lies with the camper.</i></p>

ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ ΓΟΝΕΑ Ή ΚΗΔΕΜΟΝΑ

I, the undersigned guardian of the above camper, declare responsibly that:

- I allow my child (ren) to participate in outdoor, sports and swimming activities organized at DELPHICAMP. The general health status of the camper (s) allows him/her/them to swim in the swimming pool of the camp and the sea, as well as to participate in outdoor sports activities.
- The above data is true.
- The collection of the above data is for the sole purpose of organizing and operating the camp. Only the management, the accounting and the accounting department of the company have access to them. They are not disclosed anywhere, they are absolutely confidential and will be kept in the company's fully protected and controlled facilities. The duration of storage is 2 years from the date of completion of the application and if the child has been paid for by the insurance institution. You have the option of updating the data at any time, and once your child's residence has been completed and paid for the campsite to request their deletion at your request at the office of the business. You have the right to request a copy of the above data with your application at the office of the company. You have the right to file a complaint with the Personal Data Protection Authority (dpa.gr) If you want to see our company's privacy policy, please visit our website at www.delphicamp.gr.

Full name of parent or guardian:	
Date:	Signature:

Thank you!