

**DECLARATION**  
concerning the 8th grade ski trip

Name of student: \_\_\_\_\_

Birth-date: \_\_\_\_\_ Birth place: \_\_\_\_\_

Home address of parents/guardians: \_\_\_\_\_  
\_\_\_\_\_

Telephone number(s) to be contacted in case of an emergency? \_\_\_\_\_  
\_\_\_\_\_

How is your child medically insured (insurance company)?  
\_\_\_\_\_

Contact person in case of medical bills: \_\_\_\_\_

Is your child vaccinated against tetanus? \_\_\_\_\_ and Covid?\* \_\_\_\_\_

If yes, date of last vaccination? Tetanus: \_\_\_\_\_ Covid: \_\_\_\_\_

*Please have your child take the vaccination pass or any other written proof along on the trip..*

Allergies? (Please state also travel-sickness): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What health aspects have to be given special attention (injuries, operations, illness, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication? \_\_\_\_\_

If yes: against which illness? What kind of medicine? How often, how and how much?  
\_\_\_\_\_  
\_\_\_\_\_

Special nutrition \_\_\_\_\_  
\_\_\_\_\_

**Please fill out the form above carefully and return it together with the registration form. Hand both forms back to your child's sport teacher by Dec. 1<sup>st</sup>.  
Thank you.**

Date: \_\_\_\_\_

signature of parent/guardian