

DECLARATION
concerning the 9th 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: _____

If the child has any written proof of this vaccination, please have the child take it 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 the deadline set. Thank you.

Date: _____

signature of parent/guardian