

## Parent / Guardian Declaration

(Please Fill out, Print out and bring along to Camp begin!)

### 1. Child's Name:

.....

### 2. Where can you be reached during your child's stay at camp?

- We will be at home
- We will not be at home.

Telephone: .....

### 3. My daughter / Son is

- A Swimmer
- Not a Swimmer

### 4. Which childhood diseases has your child **Not Yet** had?

.....

### 5. Existing **Allergies** or oder **Mandatory medication**?

.....

### 6. **Tetanus shot** given?

- Yes
- No

### 7. **Tick Vaccination**?

- Yes
- No

### 8. **Vegetarian**? (If yes, the Cook will take this into consideration)

- Yes
- No

### 9. **(Free) Transfer** from INNSBRUCK **Railway station** or INNSBRUCK **Airport** to Neustift/ Stubaital required?

**Please** send Email to [christof@sommercamp.at](mailto:christof@sommercamp.at)!

### 10. **Miscellaneous/ other requests**

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