



Medical Report / Physical Exam Use of Athletic Facilities / Participation in Sports

ATTENTION: Complete and sign both sections A' and B'

Participant's last name
Participant's first name
Date of Birth / /
SECTION A - HEALTH ISSUE (completed by the parent/guardian) Does the participant have any health issue(s) that the Summer Camp should be aware of (allergies, medications)?
No
If yes, please describe:
DETAILS OF PARENT/GUARDIAN
Last name First name
Address
City Postal code
Tel Mobile phone
Relationship with the child
(completed by the physician) I have examined the participant and found that he/she is able to participate in athletic activities, and use the athletic facilities including the pool, track & field and the courts for recreational purposes.
Yes
If not, please describe:
Additionally, I confirm that I have examined the participant and found that he/she does not suffer from any skin diseases that would prevent him/her from using the pool
Yes
If not, please describe:
DETAILS OF PHYSICIAN
Last name First name
Prefecture
AddressCity
Country Postal code
Tel E-mail
Signature/stamp
Date

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This information is collected with the sole purpose of ensuring the health of the children involved in the program and the proper organization and operation of the camp. They are kept strictly private and confidential and stored by a nurse according to the provisions of Rules of Participation ("Notification and Consent for the Processing of Personal Data").