



Camper's Health Statement

- Reference: Regulation 12/1991. (V. 18.) NM of the Hungarian State -

Child's details:

Name:

Date of birth:

Address:

Mother's maiden name:

Details of parent or legal guardian:

Name:

Address:

Mobile Phone.....

As the child's parent/ legal guardian, I hereby declare that the child has none of the following symptoms:

- Fever
- Sore throat
- Vomiting
- Diarrhea
- Rash
- Icterus
- Any other form of serious skin symptom
- Eye, ear or nose inflammation with phlegm
- Louse or scabies

Please note: failure to provide the compulsory health form or providing a form with false information may result in refusal of entry or expulsion from the camp with no refunds.

Budapest, _____ 2025 (**first day of camp**)

Signature of parent or legal guardian