



## 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 of 37.5 C or above
- 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, \_\_\_\_\_ 202\_ (first day of camp)

\_\_\_\_\_  
Signature of parent or legal guardian