**NAGY LÁSZLÓ INTERNATIONAL HANDBALL CAMP**

**2024.**

**PARENTAL DECLARATION FOR CAMPING**

**Camp time: 06-12.07.2024.**

**Location: Hotel Magister - 8200 Veszprém, József Attila u. 32/4.**

**Delivery deadline: The completed declaration must be handed over to the camp organizer(s) and camp leader(s) on site within four days before the camping trip, but no later than on the first day of the camping trip.**

**By completing this declaration, I confirm that**

**My child (camper's name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**His mother's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper's date of birth:\_\_\_\_\_\_\_\_year\_\_\_\_\_\_\_month\_\_\_\_\_\_day**

**Camper ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper address:**

 **\_\_\_\_\_\_\_\_address number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (street, road, etc.)\_\_\_\_\_house no**

**the following symptoms cannot be detected:**

no - sore throat,

 no vomiting,

 no diarrhea,

 no skin rash,

 no -yellowness,

 none - other more serious skin changes, skin suppuration

 none -discharged eye disease, purulent ear and runny nose

and my child is lice- and dandruff-free

**Drug allergy:  no  present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the legal representative issuing the statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of the legal representative issuing the declaration:**

 **\_\_\_\_\_\_\_\_address number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (street, road, etc.)\_\_\_\_\_house no**

**Telephone number of the legal representative issuing the statement: + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address of the legal representative issuing the declaration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have issued this statement for my child's 2024 camp at the time indicated above.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024. \_\_\_\_\_\_\_\_\_\_\_\_ snow\_\_\_\_\_ day**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**signature of the legal representative issuing the statement**