



Statement of legal guardian/guardians regarding child's attendance

I/we hereby declare, that my daughter / son

Child's name and surname:

born on:

with permanent residence at:

does not show signs of acute sickness (such as fever or respiratory issues).

I am/we are also not aware that the child came into contact with physical person afflicted with infectious disease or suspected to be infected, especially with signs such as fever or respiratory issues within the last 14 days, particularly regarding disease known as coronavirus, nor has the child been placed under quarantine.

I/we also hereby declare,

- that within the last 14 days the child not been to an area, that has been declared risky by the authorities concerning disease known as coronavirus
- that in case of uncertainty regarding above, I/we shall contact appropriate regional hygienic department and will follow their instructions and until I/we receive them, the child shall stop school attendance and I/we will undertake additional precautions to limit contact with students of the school and its employees.
- that within the period of spring holidays 2020, the child has been in the following locality/localities:

.....

I am/we are aware of legal repercussions that will follow should this statement be false

At

Date

.....
Name and signature of legal guardian

.....
Name and signature of legal guardian

Telephone connection for possible contact:



Affidavit of legal guardian / guardians

Name and surname of a child: _____

Date of birth: _____ Address: _____

I / we hereby declare that my daughter / son

a, is medically fit to attend the Summer Camp in Sunny Canadian

b, is not medically fit to attend the Summer Camp in Sunny Canadian

c, is medically fit to attend the Summer Camp in Sunny Canadian under the following conditions (with restriction):

I / we hereby declare that my daughter / son

a, has undergone the prescribed periodic vaccination

b, is immune to the infection (type / species) _____

c, has a permanent contraindication against vaccination (type / species) _____

d, is allergic to _____

e, takes long-term medication (type, dose) _____

By signing, I give permission to provide first aid to my child. In the event that my child is injured while attending Sunny Canadian International School – Activities, s.r.o. and I will not be available on the phone and the emergency contact person will not be available, I give Canadian International School – Activities, s.r.o consent to take my child to the nearest children's emergency department.

At

Date

.....
Name and signature of legal guardian

.....
Name and signature of legal guardian