

CSI 2019

HEALTH CERTIFICATE OF STUDENTS UNDER 18 YEARS
(to be filled out by parent not earlier than 4 days before the child's arrival date)

for Crescendo Summer Institute 2019
24 July – 5 August 2019

I hereby certify that my child:

Name: _____

Mother's name: _____

Place of birth: _____

Date of birth: _____

Address: _____

ID/Passport number: _____

is in a good state of health and does not have the following: infectious disease, fever, diarrhea.

Medication allergy: no / yes (please specify) _____

Food allergy: no / yes (please specify) _____

Parent's

Name: _____

Address: _____

Phone number: _____

_____ (place) , ____ (day) _____ (month) 2019

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Parent's signature