



Participant medical information:

- Student name and surname:
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- Dates of stay in VIVE LA Ñ Summer Camp:
.....
- Date of birth:
- Contact details in case of emergency (name, tel.):
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- Do you have any allergies, food intolerance or any special dietary requirements?
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.....
- Do you have any health problems or physical limitations to do specific sports or activities?
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.....
- Are you on any medication that we must take under control during your stay in the Summer Camp? Indicate name of drug and dosage
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- Do you have any drug reaction?
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- Are you protected with the immunization schedule in your country? Any other vaccination ?
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- Any other information of interest during your stay in Vive la Ñ?
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Students must bring the European Health Insurance Card (original or photocopy) or any other private medical insurance.

Date

Signature