

I EUROPEAN SUMMER CAMP 2010 FOR TEENAGERS WITH CONGENITAL HEART DEFECTS (MALLORCA, SPAIN)

Please, indicate with a cross the country/state to which you belong:

Sweden		Germany	
Norway		United Kingdom	
Belgium			

Please, fill out all areas and send this application form back to.....
Bundesverband Herzkranke Kinder e.V. (BVHK)
Kasinostr. 66
52066 Aachen
Fax: 0241-91 23 33

You will also have to include:

- 4 photographs (face) of the participant with the name on each.
- 1 photocopy of the European Health Insurance Card (Krankenversicherungskarte).
- 1 photocopy of your medical history (Arzbericht).
- 1 photocopy of your latest medical report (in English).
- 1 photocopy of the prescription of current treatment (in English).
- 1 photocopy of the vaccination card. It is essential that the participant has been through the current immunization schedule, including a tetanus shot (Impfpass).
- A recent electrocardiogram.

TEENAGER PERSONAL DATA

Surname:

Name:

Date of birth:

European Health Card number:

ID card or passport number:

Number of siblings:

Address:

Postal Code:

City/Region:

Country:

Family home phone:

Other contact telephone numbers:

FAMILY DATA

Mother

Surname:

Name:

Address:

Contact telephone numbers.

Home:

Work:

Mobile phone:

E-mail:

Father

Surname:

Name:

Address:

Contact telephone numbers.

Home:

Work:

Mobile phone:

E-mail:

Another contact person

Surname:

Name:

Address:

Contact telephone numbers.

Home:

Work:

Mobile phone:

Relationship with teenager:

According to the law L.O. 15/1999, we inform you that the personal information collected on this form will be part of the file, ownership of Fundación Menudos Corazones, whose main purpose is to manage the services the Foundation offers to people affected by heart disease and their families. By providing us your and your child personal information, you, as representative of both, expressly consent the treatment of such information. Your data will be transferred to the Department of Youth of the Community of Madrid, to the insurer Staff Brokers as well as to those responsible for this camp: Fundación Menudos Corazones and instructors, the doctor and the nurse that are at the camp. You can exercise your rights of access, rectification, cancellation and opposition to Fundación Menudos Corazones, C/Emerenciana Zurilla, 35B, 28039 Madrid (Spain).

THE CLINICAL DATA SHEETS MUST BE FILLED OUT

CLINICAL DATA

Type of congenital heart disease:

Other diseases or syndromes:

Hospital of reference:

Name of doctor who treats:

Interventions:

Allergies:

Weight:

Medication and administration doses:

TIMETABLE	MEDICATION	DOSES
Before breakfast Specify at what time (---:--- Hours)		
Breakfast		
Lunch		
Afternoon snack		
Dinner		
Other time Specify at what time (---:---Hours)		
Other time Specify at what time (---:--- Hours)		

CLINICAL DATA (continues)

Does the teenager need a special diet? If yes, specify what kind of diet.

Other diseases and treatments:

Physical activity (sport). Specify limitations:

Other (sleepwalking, enuresis...):

Does the teenager swim?

YES NO

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IMPORTANT: THE THREE AUTHORIZATIONS MUST BE SIGNED.

AUTHORIZATION 1

Fundación Menudos Corazones will not be responsible for the transfer of adolescents from their country of origin to Spain and from Spain to their country of origin, therefore

Mr/Ms... .. with ID/passport number.....authorizes

Mr. Moritz Mittelstaedt with ID/passport number 519970895.to accompany my

child..... to the summer camp organized by Fundación Menudos Corazones in Alcudia-Mallorca (Spain) to be held from 24th to 31st July 2010.

Signed by:

AUTHORIZATION 2

Mr/Ms..... with ID/passport number..... authorizes my childto attend and participate in the activities and outings that are conducted in the summer camp organized by Fundación Menudos Corazones in Alcudia-Mallorca (Spain) to be held from 24th to 31st July 2010.

Signed by:

AUTHORIZATION 3

Image rights authorization:

According to the law L.O. 1/1982 of 5th May, Civil Protection of the Right to Honor, to the personal and family privacy and self image, and the law L.O. 1/96, of 15th January, on the Legal Protection of Minors, I authorize Fundación Menudos Corazones, the European Congenital Heart Disease Organisation (ECHDO) and the associations of participating countries to make photographs or videos during the development of the activities of the camp 2010 in where my child.....will take part.

These materials may be used, without limit in time, in mass media and other communication tools (websites, magazines, corporate videos, press releases, reports, posters and brochures) from Fundación Menudos Corazones, the European Congenital Heart Disease Organisation (ECHDO) and the associations of participating countries with the purpose of disseminating their work and raise the awareness of the society about congenital heart defects. Fundación Menudos Corazones, the European Congenital Heart Disease Organisation (ECHDO) and the associations of participating countries may not use these images for different purposes.

Signed by:

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