



**TREKKING
HELLAS**

TREKKING HELLAS KIDS & TEEN PROGRAMS MEDICAL FORM

To be filled out by a certified allergist in collaboration with the child's legal guardians

The undersigned Doctor [Name of doctor]

Doctor's Emergency Phone:

Today, I fully examined [Name of Child]

and responsibly certify that the above-mentioned child:

- Has an allergy to the following allergens:
 -
 -
- Due to the type of allergy and the child's medical history, there is an **increased/decreased** risk of an acute allergic reaction/anaphylaxis occurring after accidental or intentional consumption of the above allergens in their raw or processed form.
- The medication of choice for managing a potential incident is
- Additional recommended measures for complementary management include.....

Date

Doctor's Signature Stamp

I, the undersigned parent/guardian,

with an emergency contact number:,

of, having reviewed the above certification provided by the responsible physician, take **full responsibility** for my child's participation in the camp activities for the period, acknowledging that, in the event of an allergic reaction/anaphylaxis, the camp bears no liability beyond providing first aid to the affected individual.

Date

Parent/Legal guardian Signature