



**TREKKING
HELLAS**

TREKKING HELLAS KIDS & TEEN PROGRAMS MEDICAL FORM

To be filled out by a certified pediatrician 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:

- **Does not suffer from a contagious disease or skin infection**
- **Is fully vaccinated according to the foreseen National Immunization Program**
- **Has received a recent Tetanus vaccine - State the date of last shot /.... /....**
- **Does not bear lice**
- **Is in good health and can fully participate in the outdoor activities of the camp**
- **Does not take any medication (if medication is taken, detailed instructions for its administration must be provided, along with confirmation that the child is allowed to participate in camp activities while on the medication).**

Date

Doctor's Signature Stamp