



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 condition.**
- **Is fully vaccinated according to the foreseen National Immunization Program**
- **Has received a recent Tetanus vaccine - State the date of last shot /.... /....**
- **Is in good health and can fully participate in the outdoor activities of the camp.**
- **Does not receive any medication. (If the child is receiving medication, detailed instructions must be provided, along with confirmation from the attending physician that participation in camp activities is permitted).**

Date

Doctor's Signature Stamp