

Confirmation of noninfectiousness



I declare that my daughter / my son

was not come in the last 2 weeks into contact with persons who have suffered from a contagious disease, and the doctor did not order quarantine measures (quarantine, increased medical supervision or medical supervision).

No signs of acute disease have appeared in the student/child (diarrhea, temperature, etc.).

Health and other restrictions (allergies, medications, restrictions on PE):

I do not conceal anything about the health of the child that could be an obstacle to full participation on the child's training residence.

I am aware of the legal consequences that would hit me, if that my statement was not true.

Address of legal representatives, or other authorized persons attainable at the time of the course:

1. Legal representative

Name:

Address:

Tel. number:

2. Legal representative

Name:

Address:

Tel. number:

Prague, date Signature of legal representatives