



## PARTICIPANT QUALIFICATION FORM FOR SUMMER CAMP

### I. INFORMATION ABOUT THE SUMMER CAMP



#### Summer Camp Dates (select week/s):

- 24 June 2024 – 28 June 2024
- 01 July 2024 – 05 July 2024

#### 2. Summer Camp Address and Location

Polsko-Brytyjska Dwujęzyczna Szkoła Podstawowa, al. Akacyjowa 10, 31-134 Wrocław

.....  
(place, date)

.....  
(signature of the Summer Camp organizer)

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### II. INFORMATION ABOUT THE SUMMER CAMP PARTICIPANT

1. First and Last Name

2. Parents'/Guardians' Names

3. Year of Birth of the Participant

4. Participant's PESEL Number

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5. Residential Address

6. Residential or Domicile Address of Parents

7. Phone Number of Parents or the Phone Number of the Person Indicated by the Adult Participant, During the Summer Camp

8. Information on Special Educational Needs of the Participant, Particularly Needs Resulting from Disabilities, Social Maladjustment, or Risk of Social Maladjustment



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.....

9. Significant Health Information about the Participant, Psychophysical Development, and Diet (e.g., allergies, motion sickness, regular medication and dosages, use of orthodontic appliances or glasses)

.....  
.....

and Vaccinations (with the year of vaccination or provide a health booklet with the current vaccination record):

teżec .....

błonica .....

other .....

.....  
.....

.....  
(date)

.....  
(signature of parents/adult participant)

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**III. DECISION OF THE SUMMER CAMP ORGANIZER ON THE QUALIFICATION OF THE PARTICIPANT FOR THE SUMMER CAMP**

It is decided to:

- qualify and direct the participant to the camp
- refuse to direct the participant to the camp due to

.....  
.....

.....  
(date)

.....  
(signature of the Summer Camp organizer)

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**IV. CONFIRMATION BY THE SUMMER CAMP LEADER OF THE PARTICIPANT'S STAY AT THE SUMMER CAMP**

The participant stayed at.....  
(address of the Summer Camp location)

from (day, month, year) ..... to (day, month, year).....



.....  
(date)

.....  
(signature of the Summer Camp leader)

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**V. INFORMATION FROM THE SUMMER CAMP LEADER ON THE PARTICIPANT'S HEALTH DURING THE SUMMER CAMP AND ILLNESSES SUFFERED DURING THE CAMP**

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.....  
.....  
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.....  
(place, date)

.....  
(signature of the Summer Camp leader)

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**VI. INFORMATION AND OBSERVATIONS OF THE SUMMER CAMP EDUCATOR REGARDING THE PARTICIPANT'S STAY AT THE SUMMER CAMP**

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.....

.....  
(place, date)

.....  
(signature of the Summer Camp educator)

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<sup>1)</sup> In the case of a minor participant.