

# LSS EUROPOS RAJONAS – MEDICININIS KLAUSIMYNAS



## „Nemuno Šalis” skautų stovykla 2015

Dalyvio Vardas / Child's Name

Dalyvio Pavardė / Child's Surname

Tėvų/globėjų vardai, pavardės /  
Parents names and surnames

Namų Adresas / Home Address

Tėvų/globėjų tel. / Parent/Guardian  
Tel. no.

Šeimos gydytojo (GP) vardas ir  
adresas / Name and Address of GP  
(family doctor)

Šeimos gydytojo tel. / GP Tel no.

Has your child had/Does you child have any of the following:

Asthma or Brochitis	YES	NO
Heart Condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies e.g. material, food, insect bites	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

Is your child receiving medical treatment of any  
kind from either your family doctor (GP) or hospital? YES NO

Has your child been given specific medical advice  
to follow in emergencies? YES NO

If the answer to either of the above is YES, please provide details. Please write  
overleaf if required.

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Parašas / Signature: .....(Tėvai / Parent)