

CSI 2017

**HEALTH CERTIFICATE OF STUDENTS UNDER 18 YEARS**  
(to be filled out by parent not earlier than 4 days before the child's arrival date)

for Crescendo Summer Institute  
24 July – 7 August 2017

I hereby certify that my child:

Name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

ID/Passport number: \_\_\_\_\_

is in a good state of health and does not have the following: infectious disease, fever, diarrhea.

Medication allergy: no / yes (please specify) \_\_\_\_\_

Food allergy: no / yes (please specify) \_\_\_\_\_

Parent's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_ (day) \_\_\_\_\_(month) 2017

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Parent's signature