



LEO-KINDEREVENTS PARTICIPANT CHECKLIST FOR EVENTS

Event from until

Data on child

Name, Surname

Date of birth

Data on parents

Name, Surname (mother)

Name, Surname (father)

Emergency phone contact (mother, grandfather...)

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Child's diet:

vegetarian vegan allergies:

My child may be picked up by the following persons*:

mother father other persons:

* please identify

The following may be carried out by the caregivers:

- First aid treatment of minor injuries with wound spray and bandages / band-aids / ...
- Request / support to apply sunscreen (sensitive) on face, neck, arms and legs

Comments/Annotations:

(Diseases, allergies, intolerances, medical restrictions, anything that must be considered):

Place, date

Signature

