

15th National Selection Conference of the European Youth Parliament España (EYPE)**15th April - 19th April 2020 in Barcelona, Spain****MEDICAL EMERGENCY SHEET**

The information on this sheet will be used in case of a medical emergency during the 15th National Selection Conference of the European Youth Parliament España in Barcelona (15th April - 19th April) organised by the European Youth Parliament (EYP) Spain. Only the event medics have access to the given information and can pass it on to the attending physicians in case such an instance would occur. We collect this data so that a fast and correct course of action can be taken in case of an emergency, as well as to inform the relatives or parents. All information is used confidentially and the forms are destroyed after the session.

1. Personal Information of the participant

Last name:

First name:

Date of Birth:

Street and number:

Post code, town:

Country:

2. Emergency contact

First and last name of the emergency contact:

Relation to participant (e.g. father/mother):

Street and number:

Post code, town:

Country:

Telephone - home: +(____) (_____)

Telephone - mobile: +(____) (_____)



3. General practitioner/home doctor contact

Name:

Post code, town:

Telephone: + (____) (_____)

4. Health Insurance (in case you have one)

Name of the Insurance Company:

Health Insurance Number:

Please bring proof of health insurance in the form of a printed document or card.

5. Personal health situation

Does the above-mentioned person suffer from any of the following illnesses?

Epilepsy: ☐ Yes ☐ No

Diabetes Mellitus: ☐ Yes ☐ No

Asthma Bronchial: ☐ Yes ☐ No

Any allergies: ☐ Yes ☐ No

If yes, which allergies?

Does this person carry any emergency drugs? ☐ Yes ☐ No

If yes, which ones?

6. Signature

By signing this document, I/we agree in case I am/we are not available, that the medical responsible at the session receives medical information concerning the state of health (of our child). I/We give the authorisation for the release of medical information between the session medic and the attending physicians.



Place, date:

Signature of Participant

(if +18 years old at the time of the session):

Place, date:

Signature of Parent or legal guardian

(if -18 years old at the time of the session)

DISCLAIMER: Participants are not insured against accidents and illnesses through the European Youth Parliament Spain or any of its partners. Insurances are the participants' own responsibility. The European Youth Parliament Spain and its partners disclaim any liability.