Sportovní školka Řepy

Zdravá rodina, z.s. Gallašova 581/10, Praha 6 Řepy IČO 22672176
Provozovna Źalanského 68/54, Praha 6

Informed consent with providing information regarding state of health and medical records by health centre to the patient via email and phone.

Name and surname of the child: ID:

Name and surname of the parent/legal representative:

ID of the parent/legal representative:

I CONSENT / DO NOT CONSENT to providing information regarding my state of health and sending medical records via email and phone.

** strike out where not applicable*

Email address(es):

Phone number(s):

Date: Signature:

Potential consent is valid until the child attains the age of 18 years.

Please take into account, that according to the General Data Protection Regulation, you have the right to:

- withdraw your consent anytime,
- demand information about how we process your personal data,
- demand explanation regarding our processing of personal data,
- require access to that data and require their actualization or correction,
- demand erasure of that data,
- in case of doubts about our compliance with duties concerning processing of personal data, turn to us or The Office for Personal Data Protection.

took over: