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|---|--|--|--|--|--|--|--|--|--|--|
| AFTERNOON CARE SERVICE (4.30 – 5.30 pm) | | | | | | | | | | |
| SKILLS | | | | | | | | | | |

| Medical information | |
|--|--|
| Does he/she suffer from a chronic illness? Does this affect his/her daily routine? | |
| Does he/she have to take any kind of medication? Timetables and dose of the treatment (attach the DOCTOR'S PRESCRIPTION) | |
| SPECIAL DIETS (gluten, lactose, halal, vegetarian...) | |
| FOOD ALLERGIES AND INTOLERANCES | |
| Other information | |

| Authorizations | |
|---|--|
| I authorize my child to participate in water games and/or swim in the pools that the organization has at the school. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I authorize my child to make movements in a private school vehicle if it is necessary because of medical issues. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I authorize that all my child's information is available. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I authorize medical decisions in case of extreme urgency on the advice of a professional. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I authorize SOCRATES EDUCA INTERNATIONAL SCHOOL to use the graphic materials (such as photos or videos) derived from the activities in which my child participates during SUMMER PROGRAMMES 2023. | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Me, _____ (legal tutor's name and surname) with the ID number _____ as the _____ (relationship with the participant) authorize _____ (participant's name and surname) to attend the activities organised by SOCRATES EDUCA INTERNATIONAL SCHOOL during the SUMMER PROGRAMMES which will take place during the months of June, July, August and September of 2023 and I certify with my signature that all the information contained in this form is authentic, extending this general authorisation to the specific ones also contained in the form such as transport, medical, images and personal data.

By virtue of the Personal Data Protection regulations, you hereby authorize that personal data provided will be processed under the responsibility of the Escola Internacional del Camp, which is made up of the companies FUNDACIÓ ESCOLA INTERNACIONAL DEL CAMP (G-43731256) and ACTIUS IMMOBILIARIS FUNDACIÓ ESCOLA INTERNACIONAL DEL CAMP SLU (B55543383) who are jointly responsible for the process. The purpose of this process is to manage the services provided to you, this being the legitimizing basis for this process. The data will not be transmitted to third parties except to the competent authorities and will be kept until the end of the provision of services and the responsibilities that may arise therefrom. In any case, you may request revocation of the consent given, as well as exercise the rights of access, rectification or deletion, the limitation of treatment or object, as well as the right to data portability. These requests must be made at Salvador Espriu s / n, 43840 Salou (Tarragona) or lopd@socrateseduca.org. You may also file a claim, if

you consider it necessary, before the Spanish Agency for Data Protection or contact the Data Protection Delegate in Salvador Espriu s / n, 43840 Salou (Tarragona) or lopd@socrateseduca.org.

In Salou, _____ 2023

Tutor's signature

Please fill in the form with all participant's information and your SIGNATURE and send it to extraprogrammes@socrateseduca.org

If the participant is not enrolled in Socrates Educa International School, please send these documents too:

1. A photocopy of the mother/father/legal tutor's ID
2. A photocopy of the participant's ID
3. A photocopy of the participant's Health Insurance card

PAYMENT METHOD

If the participants are enrolled in the school, the amount will be charged directly to the bank account number that the centre already has.

If they are not from the school or there is any variation in the payment method or in the bank account number, please indicate us the BANK ACCOUNT NUMBER where you would like us to charge the amount of the hired activities:
