

80th International Session of the EYP in Leipzig 2015



LEIPZIG 2015
From tearing down walls to setting new stones

Medical Emergency Sheet

The information on this sheet will be used in case of a medical emergency during the 80th International Session of the European Youth Parliament in Leipzig 2015. Only the session medic has access to the given information and can pass it on to the attending physicians in case such an instance would occur. This is necessary for a fast and correct course of action as well as to inform the relatives or parents. As a medical student, the session medic is bound to professional discretion and the doctor-patient confidentiality. All information is used confidentially and the forms are destroyed after the session. For more inquiries, please contact info@leipzig2015is.eu.

1. Personal information

Last name: _____ First name: _____
Date of Birth: _____ Telephone: + (____) (_____
First and last name of a legal guardian for minors: _____
Street: _____
Postal code, town: _____ Country: _____

2. Contact address during the session (If different to the above)

Name/relation: _____
Street: _____ Postal code, town: _____
Telephone: + (____) (_____) Country: _____

3. General practitioner

Name: _____ Postal code, town: _____
Telephone: + (____) (_____) Country: _____

4. Health insurance

Name of the Health Insurance Company: _____
Health Insurance Number: _____
Name of the Liability Insurance Company: _____
Liability Insurance Number: _____

5. Personal health situation

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

Epilepsy: Yes No

Diabetes Mellitus: Yes No

Allergy: Yes No Which allergies:

Asthma Bronchial: Yes No

Are there any emergency drugs with the person? If yes, which ones?

Does the above-mentioned person suffer from any other illness, which we should be aware of?

Do you need to regularly take any drugs? Which ones? When?

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

Place, date:

Signature of Participant:

Signature of Parents (If >18 years old at the time of the session):

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