

CSI 2024  
**HEALTH CERTIFICATE OF STUDENTS UNDER 18 YEARS**  
*(to be filled out by parent not earlier than 4 days before the child's arrival date)*

issued for Crescendo Summer Institute 2024  
21 July – 2 August 2024

I hereby certify that my child:

Name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

ID/Passport number: \_\_\_\_\_

is in a good state of health and does not have the following: infectious disease, fever, diarrhea.

Medication allergy: no / yes (please specify) \_\_\_\_\_

Food allergy: no / yes (please specify) \_\_\_\_\_

Parent's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_ (place) , \_\_\_\_ (day) \_\_\_\_\_ (month) 2024

.....  
Parent's signature