Parents' waiver for the attention of the school doctor

We hereby confirm that we would like to waive the **school medical examination** of

Child's surname and first name

Surname.....

First name .....

Date of birth.....

Class .....

School building.....

Parents'/legal guardians' surnames and first names

Surname.....

First name .....

Address .....

Surname.....

First name .....

Address .....

Place and date .....

.....

Parents'/guardians' signature