



**86th International Session of the European Youth Parliament (EYP)**  
**11th to 19th November 2017 in Tbilisi, Georgia**

## ***MEDICAL EMERGENCY SHEET***

The information on this sheet will be used in case of a medical emergency during the 86th International Session of the European Youth Parliament in Tbilisi (11th to 19th November 2017) and its preparatory meeting in Berlin (22nd to 24th September 2017), organised by the European Youth Parliament (EYP) Georgia. Only the event medics have access to the given information and can pass it on to the attending physicians in case such an instance would occur. We collect this data so that a fast and correct course of action can be taken in case of an emergency, as well as to inform the relatives or parents. All information is used confidentially and the forms are destroyed after the session.

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### **1. Personal Information of the participant**

Last name: **Stylianou**

First name: **Nassos**

Date of Birth: **20/02/1988**

Street and number: **Flat 23, Exchange Building, 132 Commercial Street**

Post code, town: **E1 6NG, London**

Country: **United Kingdom**

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### **2. Emergency contact**

First and last name of the emergency contact: **Maria Iordanou**

Relation to participant (e.g. father/mother): **Partner**

Street and number: **As above**

Post code, town:

Country:

Telephone - home: + (\_\_\_\_) (\_\_\_\_\_)

Telephone - mobile: + (0044 ) ( 7702470491 \_\_\_\_\_ )



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### 3. General practitioner/home doctor contact

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Name: **The Goodinge Health Centre**

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Post code, town: **20 North Road,London N7 9EW**

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Telephone: + (0044 \_\_) ( \_2076196670\_\_\_\_\_)

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### 4. Health Insurance

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Name of the Insurance Company: **Bupa**

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Health Insurance Number: **0342565038**

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**Please bring proof of health insurance in the form of a printed document or card.**

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### 5. Personal health situation

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

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Epilepsy: ☐ Yes ☒ No

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Diabetes Mellitus: ☐ Yes ☒ No

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Asthma Bronchial: ☐ Yes ☒ No

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Any allergies: ☐ Yes ☒ No

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If yes, which allergies?

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Does this person carry any emergency drugs? ☐ Yes ☒ No

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If yes, which ones?

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## 6. Signature

A handwritten signature in black ink, appearing to be 'AS'.

By signing this document, 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: **London, 03/09/2017**

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Signature of Participant  
(if +18 years old at the time of the session):

Place, date:

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Signature of Parent or legal guardian  
(if -18 years old at the time of the session):

**DISCLAIMER:** Participants are not insured against accidents and illnesses through the European Youth Parliament Georgia or any of its partners. Insurances are the participants' own responsibility. The European Youth Parliament Georgia and its partners disclaim any liability.