



Power of Attorney / Plná moc

Surname and Name of the Child: _____

Příjmení a Jméno dítěte

Date of Birth (MM/DD/YYYY): _____

Datum narození (měsíc, den, rok)

Residence: _____

Bydliště

I, the undersigned

Já, níže podepsaný

Surname and Name : _____

Příjmení a jméno

Date of Birth: _____

Datum narození

Residence: _____

Bydliště

I hereby authorize Mr. David Winkler, born March 27, 1980, residing at Měnin 567, Měnin, 664 57, phone +420 724 01 20 19, mail: winkler@baseballacademy.cz to:

To my representation in the scope of all rights and obligations in connection with the provision of health services to the aforementioned minor according to Act No. 372/2011 Coll., On health services, in particular to receive information on the health status of the above-mentioned child and on the proposed health services According to par. 31 of the Act and on the basis of these, in accordance with the provisions of par.34 of the Act, have written informed consent to the provision of health services which may be provided under the provisions of par.35 (2) (1) of the Act with the consent of both parents

This power of attorney applies to the appeal.

In day

Signature of Father

Signature of Mother

Signature of Guardian (if necessary)

