



# QSI

## INTERNATIONAL SCHOOL OF BRATISLAVA

### EMERGENCY FORM

SCHOOL YEAR  
2019-2020

If a student is injured or for any other reason needs emergency attention, the following information required:

1. STUDENT NAME \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_
2. STUDENT NAME \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_
3. STUDENT NAME \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_
4. STUDENT NAME \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_
5. STUDENT NAME \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_

If an emergency, illness, or injury should occur at school-related function, please give the names of persons to be contacted. If person other than the legal representative is listed, please provide a Consent of Personal Data Processing attached, signed by this person. School will contact legal representative of a student in the first place

1. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
MOBILE PHONE \_\_\_\_\_ WORK/HOME PHONE \_\_\_\_\_
2. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
MOBILE PHONE \_\_\_\_\_ WORK/HOME PHONE \_\_\_\_\_
3. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
MOBILE PHONE \_\_\_\_\_ WORK/HOME PHONE \_\_\_\_\_

Does your child(ren) use the Embassy Health Unit?

Yes  No

If case of serious emergency and we cannot reach on of your contacts, I authorize school authorities to take any steps necessary to administer medical treatments to my child(ren):

Yes  No

Please provide your child's/children's physician contact details:

Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

School is legally obliged to secure safety and health of its students during their time in the school (during performance of education and upbringing). In case of emergency/injury the school will make sure that injured child is handed over to professional medical services as soon as possible. The nearest medical help shall be secured. Decision in terms of hospital to which a child shall be transported to is to be made by professional medical services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Záhradnícka 1006/2,  
93101 Šamorín, Slovakia  
Phone: +421-903 704 436



Website: [www.qsi.org/slovakia/svk](http://www.qsi.org/slovakia/svk)  
Facebook: [www.facebook.com/qsi.bratislava](https://www.facebook.com/qsi.bratislava)  
Email: [office@svk.org](mailto:office@svk.org)



# QSI

## INTERNATIONAL SCHOOL OF BRATISLAVA

### CONSENT TO PERSONAL DATA PROCESSING

given pursuant to the provision of Article 7 of Regulation (EU) no. 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and in compliance with Article 14 of the Act No. 18/2018 Coll. on Personal Data Protection and on the amendment of certain other Acts (Hereinafter as „the Consent“).

#### CONTACT DETAILS OF EMERGENCY CONTACT PERSON OF A STUDENT OF QSI (HEREINAFTER AS “THE DATA SUBJECT”):

<b>NAME AND SURNAME:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>SIGNATURE:</b>	

I hereby by my signature freely and voluntarily give a consent for processing of the above mentioned personal data to a controller which is QSI International School of Bratislava, Záhradnícka 1006/2, 93101, Šamorín (hereinafter as „the Controller“). The Controller is a school which provides education and upbringing to a child – student of QSI who is:

Name:..... Surname: .....(hereinafter as “Student of QSI”) whose legal representative:

Name:.....Surname: ..... (hereinafter as “Legal representative of a Student of QSI”) is my next of kin/friend/employer/other..... (please underline the appropriate relation).

The Consent is given for the purpose of providing of information on Student of QSI by the Controller to Data Subject if an emergency, illness or injury happened in the premises of Controller during performance of education and upbringing and if a Legal representative of Student of QSI cannot be contacted by the Controller.

Processing of acquired personal data shall be in progress until the withdrawal his/her Consent to personal data processing, however not longer than for a period of five years.

Giving of the Consent is voluntary. Without a given consent, the Controller shall not be entitled to collect information on the Next of kin of employee and to use them for the above mentioned purpose.

**You have a right to withdraw the given Consent at any time and this by contacting the Controller by means of the contact details specified in letterhead of this Consent.**

More information is published of the webpage of QSI at: <https://www.qsi.org/media/61739/information-for-data-subjects.pdf>.

*Should we treat your personal data, you have a right to an access to the personal data, right to a rectification and erasure of the personal data, right to restriction of processing of the personal data or a right to portability of given personal data to another Controller.*

*The abovementioned requirements might be claimed before the Controller on the above-mentioned contact details.*

*Should you assume that a breach of a law might have occurred, you have a right to file a complaint with the Office for Personal Data Protection of the Slovak Republic.*

