



REGISTRATION CARD FOR UNDERAGE PATIENT

Names

Surname

Date of birth

Personal identity number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sex: Female Male

Address of residence

Name and surname of statutory guardian.....

Personal identity number of statutory guardian:

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Identity cards number

Address of residence

Phone number

E-mail address.....

How did You know about Babka Medica:

- The web
- On sb's recommendation
- Other

I certify that I have been informed that my personal data administrator is Babka Medica Sp. z o.o. Sp. k..based in Warsaw (00-195), on Słomińskiego 19/517 street, entered into the Register of Entrepreneurs kept by the 12th Economic Department of the National Court Register, District Court for the Capital City of Warsaw in Warsaw, under number KRS 0000491764, in accordance with the Personal Data Protection Act dated 29/08/1997 I acknowledge that I have been informed that the submission of my personal data is voluntary. I also acknowledge that I have been informed of the right to access my data and make corrections, as well of the right to dismiss this permission.

.....
place, date

.....
legible signature

In accordance with an art. 10 of the Law of 18 July 2002 on Rendering Electronic Services (Journal of Laws No 144 of 2002, item. 1204, as amended) and art. 172 of the Law of 16 July 2004 on telecommunications (Journal of Laws No 171 of 2004, item. 1800, as amended), I hereby agree for processing my personal data for:

YES/NO sending Newsletter by e-mail (Terms of service are available at the reception or at www.babkamedica.pl)*

**) delete as appropriate*

.....
place, date

.....
legible signature