REQUEST FOR MEDICAL RECORDS FOR MINOR

Legal Guardian's Name and Surname: _____

Legal Guardian's Date of birth (dd/mm/yyyy): _____

Legal Guardian's Passport number used during the cruise: _____

Minor Guest's Name and Surname: _____

Minor Guest's Date of birth (dd/mm/yyyy): _____

Minor Guest's Passport number used during the cruise: _____

Booking number: _____

Ship: _____

Embarkation date (dd/mm/yyyy): _____

Disembarkation date (dd/mm/yyyy): _____

Email address: _____

I hereby request MSC Cruise Management (UK) Ltd to provide me with copies of my medical records by sending the same to the above-mentioned email address.

By signing this 'Request for Medical Records', I fully understand that I make a request, under data protection laws, for my medical records to be sent to my email address, as I have correctly indicated above.

This 'Request for Medical Records' has been explained to me. I am signing this 'Request for Medical Records' on my own free will on behalf of myself.

Date (dd/mm/yyyy): _____

Full name and signature: _____