

I request examination of students posture and feet :

Name and surname of student :

.....

Born .....

Height .....

Weight .....

Phone or email to parents .....

I consent for examination of students posture and feet of my child and I agree to pay 60,00 PLN for that

Date and signature

.....

Information by phone will be provided by Izabela Przybyłowska, MA in rehabilitation, e-mail: [Izabelaprzybylowska.badania@gmail.com](mailto:Izabelaprzybylowska.badania@gmail.com)

Phone- 602351187

Purpose of processing personal data and legal basis: implementation of the contractual basis of interest in our offer (the basis of Article 6 (1) (b) of the Regulation of the European Parliament and of the Council (EU) 2016/679 / EU of 27/04/2016 on the protection of natural persons in connection with the processing of personal data and on the free movement of such data and the repeal of Directive 95/46 / EC (general regulation on data protection) (Official Journal of the EU L 119, p. 1) hereinafter referred to as GDPR.