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# Authorisation to gather information on a child



## To be filled in by the parent/guardian

I authorise Sjóvá to gather any information and data from physicians, medical centres and other medical treatment institutions regarding my child's health and any information about previous / more recent illnesses and accidents that the company deems relevant for the purposes of assessing this compensation claim. This includes permission to access any type of information from medical records as deemed necessary by the company. I also authorise Sjóvá to gather any necessary information and data from Sjúkrtryggingar Íslands (Icelandic Health Insurance), Tryggingastofnun ríkisins (Social Insurance Administration), the police and insurance companies which may be required to determine entitlement to compensation and the amount thereof.

This declaration entails informed consent for the processing of sensitive personal information under Act No. 90/2018. This consent may be revoked at any time by means of a written notice to the company. All information is treated as confidential, and access thereto is restricted to that which is necessary for the handling of the case, unless clear authorisation is given otherwise. Insufficient replies may affect entitlement to compensation.

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Date of injury/illness

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p.p.  
Name of child

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ID no. of child

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City and date

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Signature of parent/guardian

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ID no. of parent/guardian