

# Medical form

Name of participant: \_\_\_\_\_

Home address (road, city): \_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Passport number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Name of national scout association and group: \_\_\_\_\_

Name of parent/guardian 1:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of parent/guardian 2:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mobile number/ phone number on which the parents/next of kin can be reached during the jamboree: \_\_\_\_\_

Name and mobile number to group leader during the jamboree:

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Known medical conditions:

ASTHMA                       EPILEPSIA                       DIABETES

MIGRAINE                       OTHERS (please specify)

Allergies:

Medications (the participant MUST bring her/his regular medications to the jamboree):

Special diet:

Date: \_\_\_\_\_ Parent's/guardian's signature \_\_\_\_\_

*All information will be treated confidentially, and will be kept by the group leader for the duration of the jamboree. The medical form will be sent with the scout if they need to visit a doctor or first aider at or outside the camp. The group leader shall destroy the form when the group has returned home.*