

INDIVIDUAL HEALTH SHEET

To be completed by parents of all participants under 18 years for the ROVERWAY 2024 and for the participants over 18 years by themselves (CMT, Participants and IST).

The purpose of this sheet is to attain as much information as possible about you / your child in case of need. This sheet will help the leaders or caring staff as necessary. It is crucial that the information you provide is complete, correct and up to date at the time of the ROVERWAY 2024.

Identity of the participant:

Surname: _____ Name: _____

Matricula: _____ N°: _____

Street: _____ Zip Code: _____

Town: _____ Country: _____

E-mail: _____ Mobile phone: _____

PLEASE ATTACH FOLLOWING DOCUMENTS:

- Photocopy of Social Security Card/European health insurance card
- Photocopy of Vaccination card
- Photocopy of ID/Pass Card

Your contact persons in case of emergency:

1. Name, Family relation: _____

Address: _____

E-mail: _____ Mobile phone: _____

2. Name, Family relation: _____

Address: _____

E-mail: _____ Mobile phone: _____

Your attending doctor:

3. Name, Address: _____

E-mail: _____ Mobile phone: _____



Confidential information about the health of the participant:

Is the participant able to take part in the activities proposed? (Sports, games, swimming, etc.)

Reasons for non-participation: _____

Is there **specific medical information that is important** to know for the organisation of the activity/camp? (e.g.: heart problems, epilepsy, asthma, diabetes, carsickness, rheumatism, sleepwalking, skin conditions, physical or mental disability, etc.). Indicate the frequency and gravity of the condition and the actions to be taken for preventing and/or responding in case it materialises:

What illnesses or **medical interventions** has the participant suffered or undergone? (+ in what year)? (Measles, appendicitis, etc.)

Are the participant's **tetanus** injections in order? YES / NO

Date of the last vaccine: _____

Does the participant have an **allergy** to certain substances or medication? YES / NO

If yes, which ones? _____

What are the symptoms? _____

Does he have to follow a **particular diet**? YES / NO

If yes, which diet? _____

Other information regarding the participant, which you deem to be important (sleeping problems, nocturnal incontinence, physical or psychological problems, wears glasses or hearing aid, etc.):

Does the participant take **medication**? YES / NO

If yes, which medication?

Which medication?	What doses?	When?
a)		
b)		
c)		

Is the participant able to take this medication autonomously? YES / NO

(We remind you that medication cannot be shared among participants)

Notes:

The Patrol leaders have a first aid-kit at their disposal. If necessary or pending the arrival of a doctor, they can administer the medication below after careful consideration: *Paracetamol*, *Reparil®*, *disinfectant* (*Cedium®*), *Fenisti®* / *PANNOCORT 1% creme* , *Flamigel®* / *BIAFINE* .

I authorise the local doctor to take the decisions he feels to be urgent and indispensable to ensure the good health of my child, even if this pertains to surgical interventions, if I cannot be contacted personally."

Date and signature: _____

The information contained in the medical file is confidential. Therefore, the information on this file may only be disclosed to the consulted doctor or any other medical personnel.

ATTENTION: SPECIAL CONDITION

I hereby accept that my son / daughter / foster-child / myself can be send back to Luxembourg by the members of the Luxembourgish Contingent Management Team of the ROVERWAY 2024-Camp in the case when he / she disagrees with the Norwegian laws (for example in case of consuming alcohol or taking illegal drugs). I hereby also accept that I will have to support all financial consequences of this action(s) and that I must refund the payment of an extraordinary booking of a flight-ticket for the return to Luxembourg to SCOUTING IN LUXEMBOURG a.s.b.l., organiser of the Luxembourg Contingent to ROVERWAY 2024 in NORWAY.

Date and signature: _____

→ Without the signatures from the legal tutor of 1) the parental authorisation, 2) the internal health-sheet and 3) the special condition the participant cannot be allowed to have departure with the Luxembourg Contingent managed by the CMT for ROVERWAY 2024.