



# Health Form

Booking Reference \_\_\_\_\_

Sub Camp# / Department\* \_\_\_\_\_

Group#/ Team\* \_\_\_\_\_

#Participants, Staff Support Leaders and Group Leaders \*Staff Volunteers

FROM HERE ON IN PARTICIPANT REFERS TO ANY PERSON ATTENDING THE JAMBOREE

Forename \_\_\_\_\_ Title \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Known as \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

*Details of a person not at the Jamboree site.*

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

## Participants family doctor

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Tel: \_\_\_\_\_

If receiving recent hospital treatment

Name of Hospital \_\_\_\_\_

Tel number of Hospital \_\_\_\_\_

Patient's Hospital Number \_\_\_\_\_

Consultant/Specialty \_\_\_\_\_

## Emergency Permission

I give permission for any Jamboree First Aider or Jamboree Doctor to give treatment for any illness or injury, and to authorise hospital treatment for myself, my son/daughter/ in my absence if reasonable attempts have been made to make contact. If myself / my son/daughter receives treatment from the Jamboree Medical Team, I give permission for details of the treatment received to be released to the appropriate Jamboree personnel

Signed\* \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

\* Participant if aged over 18 or Parent / Guardian if under 18

## International Participants only:

### Statement of Medical Insurance

I have made adequate provision to cover all medical cost incurred in the UK.

Signed\* \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

\* Participant if aged over 18 or Parent / Guardian if under 18

## Immunisation (all participants)

Tetanus – date of last immunisation \_\_\_\_\_

Polio - date of last immunisation \_\_\_\_\_

Malaria – have you travelled from or through a malarial area in the last year?  
YES / NO

**Significant Medical Problems** – especially asthma, heart disease, epilepsy, migraine, diabetes. Please give details of **anything** that may be relevant.

\_\_\_\_\_

\_\_\_\_\_

## Medication

Is the participant taking ANY medication? YES / NO

Please list ALL medication below including dosage instructions and bring all medications in their original labelled container.

\_\_\_\_\_

\_\_\_\_\_

## Allergies

Is the participant allergic to anything? YES / NO

Give details:

\_\_\_\_\_

\_\_\_\_\_

**Medical Treatment** – please state any medical treatment you / son/daughter cannot receive for example due to religious belief.

\_\_\_\_\_

\_\_\_\_\_

Signed\* \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

\* Participant if aged over 18 or Parent / Guardian if under 18

WHERE COMPLETING ELECTRONICALLY PLEASE ENSURE THIS HEALTH FORM IS PRINTED ON ONE PAGE

**Photography / Video / Audio** – We will be taking photographs, and recording video and audio material during the Essex International Jamboree 2008 that will be used to promote the positive benefits of Membership of Scouting and Guiding. If you would rather us not take pictures of yourself / son/daughter please contact us and we can look at practical ways of making sure we do not take pictures of you/your child. You can contact us on jamboree@essxscouts.org.uk discuss the matter further.

Please note your/ son/daughters details may be stored on computer in line with the Data Protection Act 1998 and will not be forwarded to any third party.

