



Parental Authorization



I hereby _____

born _____ in _____

Residing in _____

acting as father / mother / guardian **authorize the minor child:**

First Name and surname: _____

Date and place of birth: _____

to go abroad to the 25th World Scout Jamboree, Saemangeum, 28, Sinjaesaengeneoji-ro Haseo-Myeon Buan, Jeollabuk-do, South Korea (31.7-12.8.2023) and further on a round trip in South Korea from Saemangeum to Soeul (12-18.8.2023), with "Scouting in Luxemburg (SIL) a.s.b.l.", in this case represented by:

- ➔ Pit DEMUTH, Paul FAY, Daniel MONVILLE, Tom CONRAD, Jennifer ADAMI, Charles DONVEN, Alexander DORE, Laura STROCK, Madelène VAESSEN, Jil STEYER, Laure WEITZEL (Contingent Management Team)
- ➔ Marie Lippert, Marion PETESCH, Carlo GLOD, Sophie WEBER, Tom NAU, Georges Albert PAQUET, Anne-Cathrine Boever (Unit Leaders)

I further declare on my honour to have full enjoyment of paternal / maternal rights for the child.

This authorization is valid from Monday, July 31th to Friday, August 18th 2023.

Signature and date: _____

Seen for the legalization of the signature from _____

Passport or Identity Card / Number: _____

Date and place of the signature: _____

MUNICIPALITY of: _____

For the mayor by delegation,

Individual health sheet

To be completed by parents of all participants under 18 years for the JAMBOREE-Trip 28.7-18.8.2023 and for the participants over 18 years by themselves (CMT, leaders 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 JAMBOREE 2023 (28.7-18.8.2023).

➔ **Do not hesitate to add written or oral information for the leaders if you feel this is useful.**

Identity of the participant:

Surname: Name:
Date of birth / Matricule: Address:
N°: Street:
Zip code: Town:
E-mail: Mobile phone or phone:

PLEASE ATTACH

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

Contact person(s) in case of emergency

1. Name, Address:

Family relation:

E-mail: Mobile phone or phone:

2. Name, Address:

Family relation:

E-mail: Mobile phone or phone:

E. Attending physicia

1. Name, Address:

E-mail: Mobile phone or phone:

2. Name, Address:

E-mail: Mobile phone or phone:

Confidential information about the health of the participant:

Is the participant able to take part in the activities proposed?

(Sports, excursions, 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 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®}, {Fenistil® / 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 25th World Scout Jamboree 2023-Camp in the case when he / she is in disagreement with the Korean 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 also that I have to 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 Jamboree-Contingent 2023 in KOREA.

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 Jamboree 2023.