



## Medical report

Last name	
First name	
Date of birth	
Phone number (always reachable)	

Is the participant/staff allowed to join the following activities?		
Sports	<input type="radio"/> Yes	<input type="radio"/> No, because
Games	<input type="radio"/> Yes	<input type="radio"/> No, because
Hikes	<input type="radio"/> Yes	<input type="radio"/> No, because
Swimming	<input type="radio"/> Yes	<input type="radio"/> No, because

Are there any points of interest for the organization to know (easily tired, enuresis, sleepwalking, highly sensible to sunburn, allergic reaction with bug stings,...)?

Are there any diseases to report? (asthma, diabetes, skin diseases, hay fever, epilepsy, heart problems,...)

Does the participant/staff have allergies or sensibilities towards specific drugs or other substances? If yes, which ones?



Does the participant/staff have sensibilities or allergies concerning certain food products? If yes, which ones?

Are there any drugs the participant/staff should take during Flamboree? If yes, which ones? Please bring them along with an indication of the right doses at the packaging.

Do you allow us to give freely accessible drugs concerning pain or fever when highly needed?	
<input type="radio"/> Yes	<input type="radio"/> No

For which diseases the participant/staff has been vaccinated? Please write down the vaccination name and year. (e.g. tetanus, hepatitis A/B, measles, rubella, meningococcal, polio, ...)			
Name	Year	Name	Year

Other information or remarks

We explicitly ask you to report to us via [safety@flamboree.be](mailto:safety@flamboree.be) if the participant's health state should change between the filling in of the form and the start of the camp.

Parents' or guardian's signature<sup>(\*)</sup>

Date

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\_\_\_\_\_

<sup>(\*)</sup> If you're over 18 years old, you can sign this document yourself