

# Canadian Jamboree 2013

## Medical Information and Fitness Form



FIRST NAME:	LAST NAME:	SCOUTS CANADA MEMBERSHIP NUMBER:
PARENT/GUARDIAN NAME (if under 19):		PARENT/GUARDIAN PHONE NUMBER:

**NOTE:** → This form is to be submitted for each youth and adult (herein referred to as the *Individual*) taking part in CJ 13 regardless of their role at the event. It is the responsibility of the parent/guardian of *Individuals* 18 and younger to fill out this form and ensure that it is submitted to the CJ'13 Registrar by May 1, 2013. Email address is [cj13MedForm@shaw.ca](mailto:cj13MedForm@shaw.ca)

PHYSICIAN'S NAME:	PHYSICIAN'S PHONE:
*PROVINCIAL MEDICAL PLAN NUMBER	EXTENDED MEDICAL INSURANCE COVERAGE HELD (Company, policy named insured and number):

**PLEASE NOTE:** *It is the responsibility of all parents/guardians of minors, and all adults to ensure that they have adequate medical coverage. All information will be kept confidential to and used by the Jamboree Administration Team and Unit Leaders as/if required.*

### Medical History and Information: Please be very clear about allergies and medications.

Does the <i>Individual</i> have any allergies?	YES	NO
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If "YES", please give FULL details of allergy and the expected or typical reaction:

<b>Medicines/drugs</b>	Details:
<b>Food</b>	Details:
<i>(Please ensure the above information is also on your Food form)</i>	
<b>Animals</b>	Details:
<b>Insect Bites</b>	Details:
<b>Plants</b>	Details:
<b>Other</b> <small>(smoke, chemical, environmental)</small>	Details:

Additional information about allergies: (please be very clear about allergies and intolerances):

Please check  if the *Individual* carries the following on his/her person:  
 Epipen                  Twinject                  Antihistamine medication – *please specify:*

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Please check  if the *Individual* has had:

Appendicitis	Chicken Pox	Heart Condition	Kidney Disease	Measles	Mumps
Other – specify:					

If subject to any of the following, please check  and give details below:

Angina	Asthma/COPD	ADHD	Back Problems	Bed Wetting	Bleeding Disorders
CHF/CAD/MI	Diabetes	Ear Disorders	Fainting Spells	GI Disorders	Headaches
Heart Arrhythmia	Hepatitis	Hernia	HIV/AIDS	Hypertension	Learning Disability
Motion Sickness	Menstrual Cramps	Nightmares	Pregnant	Psychological and/or Mood Disorders	
Respiratory Issues	Seizure Disorder	Sinus Disorders	Sleepwalking	Stroke/TIA	
Other – specify:					

Details of checked  items:

Does the Individual require special care? YES NO

If “YES”, please give details, including whether or not a Caregiver will be attending with the *Individual*. Please attach a note, if more space is required:

Has the individual menstruated?	YES	NO	For Females Only
If “NO” has she had menstruation explained to her?	YES	NO	
Do cramps limit physical activity?	YES	NO	

**Vision Correction:**

If an individual relies on vision correction (glasses or contacts), he/she should bring spare(s) in the event of loss or breakage. The individual must also carry a prescription to aid in the replacement if necessary. It should be noted that there are no fast “1 hour” services for glasses in the vicinity of the Jamboree, the nearest locations are in Red Deer.

<b>Medications:</b> The well-being of the Individual depends on “daily” and/or “as needed” medications:	YES	NO
<i>If “YES”, please fill in the Medication List and email it along with this form to the Registrar</i>		
Are the medications self-administered?	YES	NO
Are any of the medications required to be administered by qualified medical professional?	YES	NO

**CURRENT HEALTH STATUS:**

Date of most recent physical examination (month and year):

Date of last Tetanus shot (month and year):

Has it ever been necessary to restrict the Individual’s activities for medical reasons? YES NO

If “YES”, please give details:

To save time and effort from the participants’ and the Jamboree’s perspectives, participants (i.e. Leaders, Scouts, OOS, or Parent/Guardians) must complete this form, save it, print it for their own records, and forward it to the CJ’13 Registrar by email. For those participants under 19 years of age, a printed copy of this form must be attached to the Parent/Guardian Consent Form (Permission to Participate). **Email address is [cj13MedForm@shaw.ca](mailto:cj13MedForm@shaw.ca)**

This information will be kept electronically according to the Protection of Personal Information policies of Scouts Canada and the Canadian Jamboree 2013. Submission of this information signifies that these policies and statements are accepted. Scouts Canada Bylaws, Policies & Procedures (Section 12000 – Personal Information Protection) will be followed.

**CJ’13 Privacy Statement**

Scouts Canada will use the personal information obtained from youth and adult Jamboree participants only for the purpose for which it was collected and will not disclose the information for other purposes, except as required by law. All such information will be maintained in a secure manner to ensure that its use is limited to the purpose for which it was collected.

**Protection of Personal Information Statement**

Scouts Canada Canadian Jamboree 2013 will collect all online personal information on a separate server solely dedicated to Canadian Jamboree 2013 Registration information in a secure location. This server will be secured with current virus protection and security software..