## **APPLICATION FORM FOR OVERSEAS PARTICIPANTS**

6<sup>TH</sup> ASEAN SCOUT JAMBOREE

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE • 27 NOVEMBER – 2 DECEMBER 207
THEME: "GROWTH AND STABILITY"

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National Scout Organization						
Name						
Name	Given Name	Middle Name				
Present Address						
	Contact #					
Date of Birth	Place of Birth	Age				
Date of BirthReligion	Civil Status	Gender				
Do you have any dietary restriction? If YES, kindly state your restrictions _	Yes	No				
PARENT'S	6 / GUARDIAN'S CONS	ENT				
mentally, and emotionally demanding. I have myself or my child to participate in this activity. and requires participants to abide by applicabl Scouts of the Philippines, the Local Council, th parties, or other organizations associated wit participation.  In case of emergency involving my child, I unthat I cannot be reached, I hereby give my perroto secure proper treatment, including hospitali Medical providers are authorized to disclose to provided for purposes of medical evaluation of the participation.	I also understand that participal erules and regulations and state activity coordinators, and all high the activity from any and a derstand that every effort will mission to the medical provider zation, anesthesia, surgery, of the adult in charge examinating the participant, follow-up and	ation in this activity is entirely voluntary andards of conduct. I release the Boy professional staff, volunteers, related II claims or liability arising out of this be made to contact me. In the event selected by the adult leader in charge rinjections of medication for my child. on findings, test results, and treatment is communication with the participant's				
	Printed Name of Parent/G	uardian				
ENDORSEMENT OF T This is to officially endorse the participation ASEAN Scout Jamboree as part of the na	ational contingent of	to the 6th				
Registration Status	ACTION OF THE BOY S	COUTS OF THE PHILIPPINES				
	ate of Receipteceived By	Time				
FIIII Payment						

## 6<sup>TH</sup> ASEAN SCOUT JAMBOREE HEALTH AND MEDICAL RECORD

## **HEALTH HISTORY**

Hav	<u>r</u> e or subject to (che <u>ck if y</u> e						
	Fainting Spells	Palpitation		dominal Pain	Nervousness		Shortness of Breath
	Headache	Convulsions	Fr	equent Cough	Easy Fatigue		Frequent Fever
	Chest Pain	Others:					
Have or subject to trouble with (check if yes):  Eye, Ear, Nose, Throat  Hernia  Allergy  Measles							YEAR
	Recurrent Diarrhea	Heart		Lungs	Mum		
	Hypertension	Kidney		Malaria		en Pox	
	Diabetes		ng Cough	<u> </u>			
Any	condition now requiring reg restriction of activity for me lain	dical reasons?					
IMN	IUNIZATION	Date of last i	noculation			Date of la	ast inoculation
	Smallpox				o (Short or Oral)		
	Diphtheria				ers		
	Tetanus Toxoid						
Jam in the furn atte	pplicant is under 18 years aboree, I hereby consent to the best judgement of the a ishing medical services. I umpted.	advance to whate attending physicia understand that, i	ever medic in and pei in the eve	al or surgical diag formed by or un nt of a serious il	gnostic procedure or tr der the supervision o Iness or injury, reasor	eatment is f a memb nable effor	considered necessary er of the medical staff ts to reach me will be
Sigi	Applicant	Date			Approved by:	Parent	or Guardian
par info	THE PHYSICIAN: Your ticipation in strenuous of strenuous	outdoor activitie  /our use.  Abr s on s e at th gs rt essure nen iia alia iities Spine) n ysis	ation and		endation will encour	ease ask	
IMN	IUNIZATION (See history)	(Check	•		Date Given		
Dipl Teta Poli	allpox ntheria anus Toxoid o ollera / Dysentery / Typhoid	OK		Needed			
I ce	rtify that I have reviewed Camping & Hiking	the health histo		camined this pe Sports		ysically fi	
Red	commendations and/or re	strictions (if nor	ne, so sta	te):			
		•		,			
Sig	ned:			Signed:		on cr-11'	oonoo No
	Examine	<del>e</del>			Pnysici	an and Li	cense No.