



# Individual chart

Surname and name of the participant : .....

O boy O girl Date of birth : ...../...../.....

Membership Number: .....

We ask you to please complete this form as part of our annual review so that we can ensure that the records maintained by your local group of Scouts en Gidsen Vlaanderen regarding your child are kept up to date. The information in this form contributes toward creating tailored, safe and appropriate support for each child and will be kept confidential by the leader team. If there are any changes to this data, it is important to bring them to the attention of one of the leaders.

It is necessary that this form is completed for all active members of Scouts en Gidsen Vlaanderen within the first three weeks of membership and is signed by the parents or guardianians of the members. Every year it should be updated, within the first three months of each new work year. If the young person is transferring to an older age section, a new form will need to be completed. It is recommended that this form is reviewed before leaving on a camp.

Where appropriate the members of the leader team can also complete this form.

**•Completed annually by parents or guardianians • Held confidentially by leaders •**

## Address and reachability

Official address father / mother / guardianian (please delete the wrong option)

street, nr :..... postcode : .....

city: ..... telephone : .....

Second adress if the official adress is not the only place of residence:

address father / mother / guardianian (erase the wrong option)

street, nr : ..... postcode : .....

city : ..... telephone : .....

Name of instute of residence if applicable:.....

Mobile phone of father, mother, guardian :  
.....

Mobile phone of father, mother, guardian :  
.....

e-mail of father, mother, guardian : .....

Contact person if parents or guardian are not contactable (this should be the same person as appears on the Identety Card of -12 year old children)

name : .....

telephone/mobile : .....

Brothers or sisters in the same group?

name : ..... age section : .....

name : ..... age section : .....

name : ..... age section : .....

If necessary, arrangements that have been made between parents etc (e.g. Practical arrangements of divorce) :

.....  
.....  
.....

## Participation during activities

*Things to keep in mind while organising activities*

our son or daughter can and should participate in all regular scouting activities tailored to their age (going on hike, playing, camping, ...)

yes       no

The following activities are impossible or not allowed:

.....  
.....

If your child should not participate in any particular activity please give the reason below – please note that you should only complete this section if you feel comfortable doing so.

.....  
.....

My child will require particular attention in the following activities to reduce RISKS?

no       yes

sport activities (e.g. Swimming, ccling, high, breaks, ...) :

.....

hygiene (e.g. independence, allergic reactions, bedweting, ...) :

.....

in social interaction (e.g. bullying, homesickness, anxiety, sleepwalking, ...):

.....

other restrictions or concerns:

## Medical information

A leader is forbidden to give treatment on their own initiative, except for first aid. It is also forbidden to provide analgesic and antipyretic medications such as *Perdolan*, *Dafalgan* or *Aspirin* without the authorization of a parent or doctor. Therefore it is necessary to indicate in the box below parental consent for medical assistance.

In the case of an emergency we authorize the leaders to administer medicine available at the pharmacy such as analgesic and antipyretic medication: \*

- yes  
 no

\* based on the recommendation of Kind&Gezin 09.12.2009 – Aanpak van koorts / Toedienen van geneesmiddelen in de kinderopvang

our son or daughter needs specific medications:

- no  
 yes : It is essential that you include a medical certificate on medication in the **Annex!**

My child has the following conditions?(e.g. asthma, diabetes, hay fever, epilepsy, heart, ...):

- no  
 yes : .....

Please give any relevant information/instructions regarding the role of the leader team in the treatment of your child's condition whilst participating in activities with their local group of *Scouts en Gidsen Vlaanderen*

.....  
.....  
.....

Our son or daughter follows a special diet:

- no  
 yes : .....

Our son or daughter was vaccinated against tetanus:

- yes – what year? .....  
 no

Blood group: .....

our doctor:

name : ..... telephone : .....

## Additional remarks

our son or daughter may be photographed during the activities, to use for publication in the magazine of the scout group, on a website about scouting, ...:

yes             no

When circumstances allow it it would be appreciated if the leaders could consider the following, within the vision of scouting:

no             yes

- Diet (e.g. vegetarian, halal)

.....

- Other points that might require attention when dealing with the child:

.....

.....

.....

If something changes in the health status of your son or daughter after you filled in this form, we ask explicitly that you share this in writing too and mention it during in the annual review.

Do not forget to bring your SIS-card during multi-day activities.

## The undersigned certifies that the information provided is complete and correct

Name and surname : .....

parent / guardian (delete the wrong option)

of (name and surname child) : .....

date : .....                      signature : .....

## Agreement for annual review of this document

*it is also advisable to check this document before the start of camp*

**date and signature parent/guardian:** .....

**date and signature parent/guardian:** .....

*When joining another age section, another medical chart will be filled in.*

The team of leaders have committed to ensuring the safety and welfare of all members. If you have any concerns about completing any aspect of this form please feel free to talk directly to any member of the leader team.

*We thank you for your confidence in Scouts en Gidsen Vlaanderen*