

**CONSENT AND MEDICAL HISTORY FORM
FOR THE "PREPARATION FORUM" AND
THE "WORLD CONGRESS III AGAINST
SEXUAL EXPLOITATION OF CHILDREN AND ADOLESCENTS"**
Rio de Janeiro, Brazil
23rd -28th November, 2008

1. CONSENT FORM FOR PARENTS/ CARER

Background: Care has been taken to ensure that your child will be safe during their travel to and stay in Rio de Janeiro for the "Preparation Forum" and the "World Congress III against Sexual Exploitation of Children and Adolescents". The local/international organisation responsible for the participation of your child is responsible for arranging proper documents (such as passports, visas, air tickets) and also travel and medical insurance (for sickness and injury) for your child **before** she/he departs for Brazil. These will provide cover for loss of baggage, missed flights and for any medical costs for your child. This is an EXTREMELY IMPORTANT document; make sure that all the information in the next 3 pages is kept together at ALL times.

Accompanying Adult: An adult will be accompanying your child to the meetings in Brazil. This adult has been appointed by the local/international organisation responsible for the participation of your child. This accompanying adult will take responsibility for your child's safety and welfare while she/he is away from home. If necessary, this adult may also be the translator for your child during this period. The Accompanying Adult will keep copies of all 3 forms with them at all times while in Brazil, and leave a copy of all 3 forms with the supporting organization.

Please tick as appropriate:

I/We, (names of parent(s)/carer(s) :) _____,
_____.

Give my/our consent for my/our child.

(name of child): _____.

To travel to Rio de Janeiro, Brazil to attend the "Preparation Forum" and the "World Congress III Against Sexual Exploitation of Children and Adolescents" meetings held on 23rd -28th November, 2008

I/We appoint (name of Accompanying Adult) _____, to be responsible for my/our child during this trip and authorise them to make decisions concerning any emergency medical treatment for my/our child which may be required during this trip.

I/We affirm that I/we have full authority to give the consent provided for in this document.

Media: If your child decides to take part in media work at the "Preparation Forum" and/or the "World Congress III against Sexual Exploitation of Children and Adolescents" she/he will receive media briefings on how to do interviews and may appear in photographs, films, videotapes audiotapes, or other forms of recording at the consultation and in their home/local area and be accompanied by a responsible adult during any interactions with the media.

Please tick as appropriate:

I/we give my/our consent for my/our child to take part in media activities at the meeting.

I/we DO NOT give my/our consent for my/our child to take part in media activities at the meeting.

Permission to administer common drugs: Please indicate below if you give your consent to your child being administered common drugs such as Advil, Tylenol, and Aspirin etc. for common ailments (headaches, stomach aches etc.). For more serious illness, your child will be taken to a qualified doctor.

I/we give my/our consent for my/our child to take common drugs such as Advil, Tylenol, Aspirin etc. if in need for common ailments.

I/we DO NOT give my/our consent for my/our child to take any common drugs for any common ailment.

Please specify if your child is allergic to any medicine that you know of.

Parent(s)/Carer(s) Signature(s):

_____ Date _____,

_____ Date _____,

(Please also print your full name next to your signature)

Please give your contact details below so that you may be contacted in the event of an emergency. (Include international dialling codes)

Phone Number _____ Emergency Contact Number and Name:

Address of Parent/Carer: _____,

Acknowledgement and Agreement by Parent/Carer

I, (please print full name) acknowledge and agree to all that is mentioned in this consent form:

Signature: _____ Date: _____,

Name of Supporting Organization: _____

Email Address: _____

2. CONSENT FORM FOR CHILD AND/OR ADOLESCENT

I (name) _____, understand and I have been fully briefed, about the agenda, my role and the nature of meetings. I understand that _____ (name of Accompanying Adult) will come with me to the meetings and will keep me safe and well.

Please TICK the boxes if your answer is YES:

Someone has asked me if I agree with the choice of Accompanying Adult for me.

Someone has briefed me about how my Accompanying Adult will look after me.

I will do what my Accompanying Adult asks me to do to ensure my safety and well being (as long as it is sensible)

I have briefed on the agenda for the meetings, and agree to go on this trip and participate in the meetings.

I understand that I am allowed to say if I don't want to go on this trip.

Signature of Child or Adolescent _____,

If I have any problems about being with my Accompanying Adult I can contact

_____,
(Name & Phone Number of Child Protection Focal Person in Brazil or Child Participation
Coordinator)

3. MEDICAL HISTORY FORM

Accompanying adults for children and adolescents are asked to fill in this form with the children and adolescents and keep the form with them at all times. They should also give a copy of the form to the Child Protection Focal Persons. The information in this form will be kept confidential. Only medical professionals and the organizers of the meeting will be allowed access to it.

1. Name of Child:
2. Country:
3. Allergies (e.g. to food, conditions, insect bites, medication):
4. Blood type:
5. Currently on medication: No Yes

Type of medication:

Please bring copies of prescriptions (medication or eyeglass) and enough medication for the duration of the meetings:

6. Record of previous surgeries and hospitalizations:
7. Any existing conditions (e.g. asthma, epilepsy, disabilities, low blood pressure, diabetes, prone to migraines/fainting/dizziness, depression/anxiety):
8. Regimen of existing counseling sessions/treatment:

Yellow Fever Immunizations Warning:

Yellow Fever is required for travellers arriving from a yellow-fever-infected area in Africa or the Americas. All travellers should visit either their personal physician or check with their national health department 4-8 weeks before departure for recommended vaccinations, and for information on side effects of the vaccination. Daily updates including recommendations for travel health information for Brazil can be found at:
www.mdtravelhealth.com/destinations/samerica/brazil.php

Medical Insurance Information

Name of insurance company:

Insurance policy number: