**CAMP / EVENT HEALTH & INFORMATION CONSENT FORM**

The parent/guardian should complete all parts of the form legibly in black ink and return to the Leader

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event Name** |  | **Event Date** |  | | |
| **Personal Information** | | **Medical** | | |  |
| Surname |  | National Health No |  | |  |
| First names |  | Date of last tetanus |  | |  |
| Date of birth |  | Doctors name |  | |  |
| Home address |  | Doctors address |  | |  |
|  | |  |
|  | |  |
| Post code |  | Doctors telephone number |  | |  |
| **In the event of an emergency during the event– contact details** | | Has your child been in contact with any infectious diseases in the last three months? | | | **□**Yes **□**No |
| Contact name |  | If yes please give details: | | | |
| Relationship |  | **Is your child receiving any medical treatment at the moment?** | | | **□**Yes **□**No |
| Address |  | If yes please give details: | | | |
| Does your child suffer from the following? | | Medicines may be given if necessary | |
| Asthma | **□**Yes **□**No | Calpol 6+ | **□**Yes **□**No |
| Telephone number day |  | Chest complaints | **□**Yes **□**No | Savlon Spray | **□**Yes **□**No |
| Telephone number evening |  | Wheezing | **□**Yes **□**No | Burneze | **□**Yes **□**No |
| Contact name |  | Migraine | **□**Yes **□**No | Waspeze | **□**Yes **□**No |
| Relationship |  | Hay fever | **□**Yes **□**No | Ibuprofen Liquid under 12 | **□**Yes **□**No |
| Address |  | Fits or faints | **□**Yes **□**No |  |  |
| Muscle or joint problems | **□**Yes **□**No |  |  |
| Is there any other information we need to know about your child’s Health and Wellbeing? | | | |
| Telephone number day |  | Does your child have any specific dietary requirements? | | | |
| Telephone number evening |  |
| **Emergency Permission** | | **Allergies** | | | |
| **By ticking this box I authorise any leader to give permission to the doctor to undertake whatever treatment is considered necessary for my child. □** | | Does your child have any allergies? | | | **□**Yes **□**No |
| Signed: | | If yes please give details: | | | |
| Date: | |
| **Note: The medical profession takes the view that the parent’s consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.** | | | | | |
| **All activities will be run in accordance with The Scout Association’s safety rules. No responsibility for the personal equipment/clothing and effects can be accepted by the trip organisers and The Scout Association does not provide automatic insurance cover in respect to such items.** | | | | | |
| **I understand that the Trip Leader reserves the right to send any participants home if necessary** | | | | | |
| **By ticking this box I give permission for my child to attend this event □** | | | | | |
| **Signed:** | | | | | |
| **Date:** | | | | | |