

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact name		If yes please give details:	
Relationship		Is your child receiving any medical treatment at the moment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		If yes please give details:	
		Does your child suffer from the following?	Medicines may be given if necessary
		Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Calpol 6+ <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone number day		Chest complaints <input type="checkbox"/> Yes <input type="checkbox"/> No	Savlon Spray <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone number evening		Wheezing <input type="checkbox"/> Yes <input type="checkbox"/> No	Burneze <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact name		Migraine <input type="checkbox"/> Yes <input type="checkbox"/> No	Waspeze <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship		Hay fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen Liquid under 12 <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Fits or faints <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Muscle or joint problems <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/>		Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>			
Signed:			
Date:			