



All information on this form should be completed in BLOCK CAPITALS by the parent/guardian of the young person for whom this medical consent and information form applies.

Please bring this form to camp and hand it to a leader when you arrive.

Personal Information

Full name of Scout

Date of Birth

Home address

Parents/Guardians name

Home phone number

Mobile phone number

Home e-mail address

Special dietary requirements

Emergency Contact

Primary emergency contact

Relationship to Scout

Emergency contact's address

Emergency contact's phone no.

Secondary emergency contact

Relationship to Scout

Emergency contact's address

Emergency contact's phone no.

Medical Information

Doctors name

Doctors phone number

Doctors address

Known medical conditions or ailments

Current medications

(please give full details overleaf)

Known allergies

Date of last Tetanus injection

Has the Scout visited the Doctors within the last month and if so for what reason?

Please give permission for the following medication to be administered in accordance with the dosage indicated on the packaging by a qualified first aider should the need arise. [Tick the boxes]

Paracetamol

Ibuprofen

Antiseptic

Antihistamine

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the event leader (or in their absence one of the assistant event leaders), to sign any document required by the hospital authorities.

Signature

Date

Medication details

Please provide details of any medicines/diets/treatments currently being taken/followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, vitamins and herbal medicines).
(If the Scout has to take any Medicines, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages and should be handed to the event leader/first aider when the Scout is dropped off at the start of the event.)

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Please continue on a separate sheet if required. (Remember to include your Scout(s) name on any separate sheets and attach them securely to this form)

Privacy Notice We collect this information in order to protect the health and wellbeing of your Scout for the duration of the event that it pertains to. We only hold this information on paper. You should print it out and hand it to a leader at the start of the camp or event. The form will be held securely and will only be made available to warranted leaders during the event in order to administer medication or first aid if the need arises. At the end of the camp the form will be destroyed. We will not use the form or the information supplied in it for any other purpose. If you have any questions or concerns about data processing or privacy, please refer to the data processing policy on our website.