

1st Hungerford Scout Group

Health Information / Activity Permission



This section to be completed by the Activity Leader

Activity Location		From	To
Activity Leader	Assistant Leaders		
First Aid – Appointed Person	Other Adult Support		

This section (both sides) is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. Forms without the NHS number cannot be accepted (Please complete in BLOCK CAPITALS).

Surname	Date of Birth
Forenames	National Health Service Number
He / She may bathe under careful supervision. Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection

Parent / Guardians Address During the Activity Telephone No(s)
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Family Doctors Name and Address Telephone No(s)

I hereby give permission for my child to attend and participate in the aforementioned Activity.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to give my consent, I hereby give my general consent to any necessary medical treatment and authorise the Activity leader (or in their absence one of the other assistants listed above), to sign any documentation required by the hospital / medical authorities.

I will inform the Activity Leader if any of the information given on this form changes before the event takes place.

Name of Parent / Guardian	Relationship to Young Person
Signature	Date

The Activity Leader / Appointed First Aider (or in their absence one of the assistant Activity leaders named over) may administer the appropriate minor treatment / precautions (as listed below) if required. Please list the medications that you normally give your child for these ailments. A blank entry will be regarded as no medication to be given.

- Headache.....
- Stomach Upset.....
- Cuts & Grazes.....
- Colds etc.
- Other Specific Ailments.....

In the space below please give details of the following:-

1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
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2. Any Known Allergies / Sensitivities / Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
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3. 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, herbal medicines etc)
(If He / She has to take any Medicine's, 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 Camp Leader / First Aider on or before departure.)
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Please continue on a separate sheet if required (Remember to include your child(s) name on any separate sheets and attach them securely to this form)

DATA PROTECTION ACT 1998
The information contained on this form will not be stored in any electronic form, and will be destroyed upon completion of the activity. Please put an X in this box if you would prefer the form returned to you

Additional Sheets Added: - YES / NO