**CONSENT AND HEALTH INFORMATION FORM FOR SCOUT**

**ACTIVITIES AND CAMPS**

***THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY***

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| Scouts Full Name: | | Date of Birth: |
|  | | Religion: |
| Address:  Telephone No (incl. code): (01 ) | | |
| Emergency Contact Name: | Relationship: | |
| Emergency Contact Address (during event):  Telephone No (incl. code): (01 ) | | |
| ***NAME OF ACTIVITY*** | | |
|  | | |

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| ***MEDICAL INFORMATION*** (To be completed by parent/guardian) | | |
| Doctors Name: | | |
| Doctors Address:  Telephone No (day) (Incl. code): (01 ) Telephone No (night) (Incl. code): (01 ) | | |
| HEALTH INFORMATION (It is important to complete this as fully as possible) | | |
| \* delete as necessary | | **Give details to “YES” answers**. |
| Are there any medical or health reasons why he/she should not take part in the activity? | \*NO/YES |  |
| Has he/she been in contact with any infectious illness in the last 6 months? | \*NO/YES |  |
| Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS, EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY? | \*NO/YES |  |
| Is he/she taking any form of regular medication? | \*NO/YES |  |
| Is he/she allergic to ANTIBIOTICS, PLASTERS or any other MEDICINES or FOOD? | \*NO/YES |  |
| Are there any special DIETARY needs? | \*NO/YES |  |
| Date of his/her last ANTI-TETANUS injection (if known). |  | |

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| ***CONSENT*** (To be completed by parent/guardian) | |
| I hereby agree to my son/daughter taking part in the above named activity  Should the necessity arise, and I can not be contacted by telephone or any other practical means to authorise urgent medical treatment to the above named, I hereby give my general consent to the Scouter in charge to authorise the medical authorities to give any necessary medical treatment  I understand that the above named will need their own Insurance Cover against damage or loss of **personal** effects.  I consent to the taking of and, distribution of, any photographic material from this activity. | |
| **Signature:** | **Dated:** |