**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 activityShould 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 treatmentI 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:** |