

YOUTH Medical & Parental Consent Form

Charity registration Number – 302138



Please read carefully and complete all blank white space sections. Where a Yes or No answer is required I will delete the appropriate word. Failure to answer the questions correctly could impact on your care in the event of an emergency.

ACTIVITY / EVENT	County PL Camp	EVENT ORGANISERS
DATE OF EVENT	12-14 April 2019	Ali Burt / Mandy Holloway

PARTICIPANTS INFORMATION

Name of child		Date of Birth	
Home Address		Mobile Phone No.	
		Scout Group / Section / Unit	
Name of Emergency Contact		Email	
Emergency Telephone Numbers where next of kin can be contacted throughout the Event.	Land line (Including area code):		
	Mobile(s):		

DATA PROTECTION

I accept that the Scout Association, the Isle of Wight and the District Scout Councils will be keeping information about my child's membership of the Scout Movement for Scouting purposes. All information will be treated in the strictest of confidence.

I give explicit consent to the holding of this form requesting information for Scouting purposes. This form will be held securely by the person who asked for it until the trip is over. YES / NO

MEDICAL INFORMATION

The Medical Profession takes the view that parental consent for medical treatment cannot be delegated & this is explicit in the Children Act 1989. In the event of an Emergency the immediate priority will be to obtain medical assistance. If medical treatment is required, where the Doctor / Nurse considers parental consent is required, you will be contacted on the phone number given above.

If you cannot be contacted, do you give your general consent to any necessary medical treatment, subject to information provided. Please note the Medical Profession may not accept this request. YES / NO

In the event of treatment being necessary, where parental consent is not required - Do you wish to be contacted, irrespective of the time? YES / NO

Family Doctor		Surgery Phone No.	
Surgery Address			

Do you suffer from any known allergies, disabilities or medical conditions? If YES, please state details :- YES / NO

Do you take any form of medicine? If YES, please state details :- YES / NO

(NB: All medicine is to be handed into leader in date clearly marked with Name, Scout Group, dosage and time to be administered)

If your child needs to take any form of medicine (inc over the counter, paracetamol etc) during the trip they must let your group leader know, in case they become unconscious and treatment is required.

Have you been given an anti-tetanus vaccination during the last 10 years? If in doubt insert No. YES / NO

DO YOU CONSENT TO BEING GIVEN THE FOLLOWING, BY APPROPRIATELY TRAINED PERSONS :-

An anaesthetic?	YES / NO	A Blood Transfusion?	YES / NO
If requested:- Paracetamol? Ibuprofen?	YES / NO	Sting Relief Cream? Antiseptic Cream ?	YES / NO

State any other details or instructions that the Organiser(s) should be aware of.

(If additional space is required, please use the reverse side of this form)

I undertake to inform the event organiser(s) if my child comes into contact with any infectious diseases within a three week period before the event.

PHOTOGRAPHY

I give my approval for any photographs or video recordings taken of my child at this scouting event to be included in any scouting promotion, display, report or other form of media. YES / NO

DECLARATION

I give consent for the above named child to take part in this Scout Activity & I understand that the Organiser reserves the right to send any participant home, in the event of unacceptable behaviour or illness.

I confirm all relevant information has been provided. I enclose the activity parental consent form duly completed & signed if required. YES / NO

Signature of Parent, Guardian or Carer

Date