



Health and Permissions Form

This section to be completed by the Section Leaders

Activity Leaders	
Start Date	Expiry Date

This form (both pages) must be completed in ball-point pen in BLOCK CAPITALS. Please answer the following questions as fully as possible. Delete starred * items as appropriate.

Members of the Association over 16 years of age may complete the form for themselves, for those under 16 the form should be completed by their Parent or Guardian.

Note. This information will be held in confidence. Please see our Privacy Policy for more information.

Surname	Date of Birth
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Forenames	National Health Service Number
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HOME ADDRESS
Address.....
Postcode.....
Telephone.....

EMERGENCY CONTACT
Name
Address
.....
Relationship.....
Telephone

FAMILY DOCTOR
Name
Address
Telephone

HOSPITAL CONSULTANT (IF APPLICABLE)
Name
Hospital
Reg No
Telephone

Emergency Permission

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed _____ Date _____

Relationship to Young Person _____

In the space below please give details of the following:

Any Known Infectious Diseases with which * you / your son /daughter has been in contact within the last four weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

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Any chest complaints, wheezing or hay fever, asthma, migraine, fits or faints, bad period pains, diabetes, nervous disorders or any other illness or disability which * you / your son /daughter suffer(s)

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Any Known Allergies/Sensitivities and details of any known precautions or remedies which * you / your son /daughter has (e.g. Penicillin, Food Colourings, Travel Sickness, Nut Allergies etc.)

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Details of any Medicines/Diets/Treatments which * you / your son /daughter is currently taking / following (including dosage details - please also include any non prescription preparations, such as cough sweets , herbal medicines).

(If * you / your son /daughter has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with * your / your sons / daughters name and the exact dosages, and should be handed to the Camp Leaders before departure, except inhalers, which may be retained by * you / your son / daughter. Spare inhalers should be given to the Activity Leaders)

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Please continue on a separate sheet if required (Remember to include * your / your sons /daughters name on any separate sheets and attach them securely to this form)

PARENTAL PERMISSION

Parents / Guardians please read and sign.

I _____, being the legal * parent / guardian with parental responsibility for the above give my consent for my child to attend this activity.

I understand and accept that some of the activities may involve substantial physical and mental exertion and elements of risk and danger. I am prepared for and consent to my child undertaking such activities as authorised by the Activity Leaders. I understand that all activities will be carried out under the relevant Scout Association Rules.

Please tick at least one box for each question; an un-ticked question will be taken as a **NO**.

	YES	NO
If water activities are included, my child can swim 50meters and keep afloat for 5 minutes In clothes with the appropriate buoyancy aids.	<input type="checkbox"/>	<input type="checkbox"/>
If shooting or archery activities are included I give my permission for my child to take part	<input type="checkbox"/>	<input type="checkbox"/>
If photographs are taken I give my permission for them to be used in publicity material	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____

Relationship to Young Person _____