

Event Location:			Date:				
Surname				Date of birth			
Forenames				National Health Service			
					Number		
Emergency contact details:			GF	' nan	name and address		
Telephone Mobile Tele		leph	one				
Please read each question and tick YES or NO as appropriate					Yes	No	
Have you been in contact with any contagious or infectious diseases within the last 3 weeks?							
If YES please give details below or overleaf:							
Have you suffered from any recent illness? If YES please give details overleaf:							
Are you allergic to anything? If YES please give details overleaf:							
Do you suffer from diabet	es, migraine, epilepsy or any other	illnes	s or	⁻ disa	bility If YES please		
give details overleaf:							
Are you receiving any medical treatment at present? If YES please give details overleaf:							
Do you have any special dietary needs? If YES please give details overleaf							
Are you currently taking any medication? If YES please give details overleaf.							
Is there any other informa	tion of which we should be aware	? If YI	ES p	lease	e give details		
Are you actively immunise	ed against tetanus?						

If it becomes necessary that I need to receive medical treatment, I hereby give my general consent to any necessary medical treatment and authorise the Trip organiser/Leader (or in their absence one of the assistant Leaders) to sign any document required by the hospital authorities. I will inform the Trip Organiser if any of the information given on this form changes.

Signature

Date

Optional Photography Declaration	NOTE: The Medical Profession takes the view that a Parent's consent					
	to medical treatment cannot be delegated. This view is explicit in the					
I do not wish to be photographed during this activity for	Children Act 1989. Thus medical consent forms have no legal status					
in publicity or promotion and ask that all reason	and a Doctor / Nurse insisting on the consent of the Parent or Guardian					
precautions be taken to ensure this.	has the right to do so. For this reason we do not recommend that					
	Leaders insist on Parents signing the statement above. At the same					
Signature	time, it can be a comfort to medical staff to have general consent in					
	advance from Parent's or to have a Leader on hand able to sign forms					
	required by the medical authorities.					
Date						
2 410	(This statement is in bold print as suggested by Scout Headquarters).					