



14th Fife Scout Group

Life-changing adventure!

Annual Camp and Activity Health Information Form 2018

This form is to be completed by the Parent or Guardian of the young person detailed below. It covers all camps and activities held during 2018 so please answer the questions as fully as possible as in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. A letter with tear-off permission slip will be issued prior to every camp or activity. Please complete in BLOCK CAPITALS.

| | | |
|---|--|---------------|
| Full Name | | Date of Birth |
| National Health Service Number | Year of last Tetanus Injection <i>(If unsure, please estimate)</i> | |
| Parent(s)/Guardian(s) Address | | Postcode |
| Home Telephone No | Mobile Telephone No | |
| Additional Telephone No | Email Address | |
| Family Doctor Name | Surgery Telephone No | |
| Address | | |
| Do you allow your child to appear in photographs or videos taken for Scouting publicity purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please give details of Medication, Special Dietary Needs/food dislikes, Recent Illness, Allergies or any other appropriate information. <i>(Medicine bottles must be labeled with the young persons name and exact dosage and handed to the First Aider at the beginning of the camp. The young people must administer the medication themselves)</i> | |
| Please describe your child's swimming ability. <input type="checkbox"/> Strong <input type="checkbox"/> Average <input type="checkbox"/> Weak | _____ _____ <i>Continue overleaf if necessary</i> | |
| Any additional information you think we should know. _____ _____ <i>Continue overleaf if necessary</i> | | |

If it becomes necessary for my child to receive medical treatment during a Scout Camp or Activity and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Event Leader (or in their absence any other Warranted Leader from the 14th Fife Scout Group), to sign any document required by the medical authorities.*

As this form will be used for the duration of 2018, I will inform the 14th Fife Scout Group if any of the above information changes during the year.

| | |
|-------------------------|------------------------------|
| Name of Parent/Guardian | Relationship to young person |
| Signature | Date |

*Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent/guardian to particular treatment has the right to do so. For this reason, we do not insist on parents signing the statement above. However, it can be a comfort to the medical staff to have general consent in advance from parents/guardians or to have a Leader on hand able to sign forms required by medical authorities. Please delete the above statement of you do not agree to it.