

Hesley Wood Scout Activity Centre

All Sections Activity/Camp Medical Form

This section to be completed by the Camp/Holiday/Activity Leader

| | |
|---------------------------------|-------------------------|
| Camp/Holiday/Activity Location: | Dates: |
| Camp/Holiday Leader | Assistant Camp/ Leaders |

This section is to be completed by or for the person named below. Please answer the following questions as fully as possible. (Please complete in BLOCK CAPITALS)

| | |
|--|--|
| Surname | Date of Birth |
| Forenames | Date of last Tetanus injection |
| National Health Service Number | |
| Next of kin's details during the sleepover Post Code: Telephone: Mobile: | Family Doctors Name and Address Telephone: |

| <i>Please read each question and tick YES or NO as appropriate</i> | Y | N |
|---|--------------------------------------|---|
| I agree to the person named above Swimming | | |
| Can the named person swim | | |
| Has the person named above been in contact with any contagious or infectious disease within the last 3 weeks? If YES give details: | | |
| Has the person named above suffered from any recent illness? If YES give details: | | |
| Does the person named above have any known Allergies / Sensitivities / Disabilities / Medical Conditions. e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Period Pains, Asthma etc Give details AND any known precautions or remedies: | | |
| Does the person named above suffer from diabetes, migraine, epilepsy or any other illness or disability? If YES give details: | | |
| Is the person named above receiving any medical treatment at present? If YES give details: | | |
| Does the person named above any special dietary needs? If YES give details: | | |
| <i>Please indicate which of the following common medicines could be administered if required at camp.</i> (dosage appropriate to age) | Paracetamol | |
| | Ibuprofen | |
| | "Savlon" or similar Antiseptic Cream | |
| | Antihistamine Cream | |
| | Sun tan lotion/After Sun Plasters | |
| Is the person named above currently taking any medication? If YES give details: | | |
| Is there any other information of which we should be aware? If YES give details: | | |
| Continue overleaf for any of the above... | | |

Emergency Permission

I authorise the named Scout Leader in charge or a member of the First Aid team to give permission for the named person, to receive medication, any emergency dental, medical or surgical treatment including anaesthetic, as considered necessary by the medical authorities present.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children At 1899. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on signing the statement above. However, it can be a comfort to medical staff to have a general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

By signing the attached "Health / Permission to Camp" form it is understood that:
The "Health / Permission to Camp" form includes any food allergies, special dietary requirements, vegetarian or religious needs.
The person signing the form can contactable at all times.