

WINTAC 2011

Health & Consent Form



PLEASE COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED * ITEMS AS APPROPRIATE.
NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE. Details may be continued overleaf or on separate pages if necessary.
A form must be completed in respect of each participant, irrespective of age. Members of the Scout or Guide Association aged 18 or over may complete this form themselves. For members aged under 18, the form must be completed by the Parent or Guardian.

DATES OF EVENT:	18th to 20th November 2011
LOCATION OF EVENT:	Thriftwood Scout Activity Centre, Brentwood, Essex.

The Young Person (under 18) / Adult attending the event is:

Surname: _____

First Names: _____

Address: _____

Date of Birth: _____ Gender: * Male / Female

National Health No. (if known): _____

Date of last anti-tetanus injection: _____

Name and address of family doctor:

Name: _____

Address: _____
_____ Postcode: _____

Tel. _____

PLEASE INDICATE YOUR CONSENT FOR THE LEADERS/FIRST AIDERS TO MAKE THE FOLLOWING MEDICINES AVAILABLE SHOULD THEY BE REQUIRED, IN ORDER THAT HE/SHE MAY EITHER BE ADMINISTERED A DOSE OR SELF-ADMINSTER A DOSE WITH LEADER SUPERVISION:

Paracetamol (i.e. Calpol/Tablets)	YES / NO
Ibuprofen (not for asthmatics)	YES / NO
Antihistamine medication (for allergic reactions)	YES / NO
Insect bite/sting cream (i.e Waspeze, Anthisan)	YES / NO
Fabric Plasters	YES / NO

Do you have any medical conditions such as the following:

Diabetes ___ Epilepsy ___ Asthma ___ Heart Condition ___

Allergies _____ Access to a Epi-Pen **YES/NO**

Please provide details of any medication currently being taken: If not applicable, please write 'NONE'

Does the participant self-medicate? YES/NO

Medication: Please label participant's medication with their name & provide clear instructions for its use(whether or not they self medicates, dosage etc).

Parent/Guardian's or Next of Kin's contact details for the duration of the event:

Name: _____

Relationship: _____

Tel. Home: _____

Tel. Mobile: _____

Tel. Work: _____

Name: _____

Relationship: _____

Tel. Home: _____

Tel. Mobile: _____

Tel. Work: _____

Parent/Guardian Agreement is required for members under 18yrs (adults may sign the form for themselves):

- I hereby give my permission for my son/daughter (as named above) to attend the above event.
- I understand that my son/daughter will be the responsibility of their Leaders during the event and I give my consent for them and the First Aiders to administer the medication as agreed above, at their discretion.
- In the event of an emergency relating to my son/daughter, I understand that the leaders will attempt to contact me as soon as possible. However, in the event that I cannot be contacted, I authorise the Leaders/First Aiders to sign on my behalf any written form of consent required by the hospital authorities in the event of emergency medical treatment being necessary.
- I understand that all activities will be run in accordance with the Policy, Organisation and Rules of the Scout Association & Girlguiding UK and will therefore be run by appropriately qualified personnel.
- I also understand that photographs/video may be taken during the event for promotional purposes, therefore if I have an objection to son/daughter being photographed I shall confirm this to the leaders in writing.
- All information provided on this form is correct and up-to-date to the best of my knowledge.

Signed: _____ (Parent/Guardian)

Date: _____

Please continue details on reverse if required

