SCOUTS

Health Information & Consent Form

This section to be completed by the Camp/Holiday L	.eader					
Camp/Holiday Location:			F	rom	То	
Camp/Holiday Leader Assistant	Camp/Holiday	Leaders	S			
This section (both sides) is to be completed by all per Guardian should complete the form for anyone under fully as possible. (Please complete in BLOCK CAPITALS)						
Surname				Date of Birth		
Forenames				National Health Service Number (if known)		
Home Address & Pnone Number						
Emergency Contact During the Camp/Holiday: This must not be anyone at the camp Name & Address	Family D	Family Doctors Name and Address				
Telephone No(s)	Telepho	ne				
Parental / Guardian's Consent for under 18s only						
I hereby give permission for my child to attend the above of the second	reatment and I consent to any nce one of the	cannot	sary me	dical treatr	ment and authorise	
I will inform the Camp/Holiday Leader if any of the inform place.	nation given or	this for	rm char	nges before	e the event takes	
Name of Parent/Guardian		Relation	onship t	o Young P	Person	
Signature				Date		

When completed this form should be returned to the Camp / Holiday Leader named at the top of the page

Health Information Form

Is the person listed overleaf able to swim confidently Yes \(\simega\) No \(\simega\)	Date of last Tetanus injection				
The Camp/Holiday Leader (or in their absence one of the assistant Camp/Holiday leaders named overleaf) may administer the appropriate minor treatment/precautions (as listed below) if required. Please delete or add alternatives as appropriate					
Headache: Paracetamol or similar					
Stomach Upset: Please specify					
Cuts & Grazes: Antiseptic, Sticking Plaster					
Colds etc Paracetamol, Junior Disprol or similar					
Other Specific Ailments	Please continue below if required.				
In the space below please give details of the following:-					
1. Any Known Infectious Diseases with which the person named overlead last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rub					
2. Any Known Allergies/Sensitivities/Disabilities and details of any know (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthronous Colourings, Bed-wetting, Bed-we					
 Details of any Medicines/Diets/Treatments currently being Taken/Followship the Specialist and Hospital concerned if appropriate (please include a such as cough sweets, herbal medicines). (If He/She has to take any Medicine's, the bottle(s), jar(s) or other its labelled with their) (name and the exact dosages, and should be has Leader/First Aider before departure.) 	nny non prescription preparations, ems should be clearly				