**MEDICAL CONSENT FORM**

Event:………………………………………………………………………………………………………………

Explorer / Scout / Cub / Beaver / Sibling Name:.............................…………………………..…………….…

NHS Number:...............................…………………… Date of Birth:............................……………………...

**EMERGENCY CONTACTS:**

Please give your contact details during the period of the camp: (even if you are at camp)

(1) Name: ………………………………………………………………… Relationship: …………………

Daytime No: ………………………..….…… Mobile No: ……………………….……

(2) Name: ………………………………………………………………… Relationship: …………………

Daytime No: ………………………..….…… Mobile No: ……………………….……

**MEDICAL and DIETARY INFORMATION:** Please indicate with a (✓) if your child suffers any of the following:

☐ Recent Breaks or Sprains ☐ Travel Sickness ☐ Home Sickness ☐ Bed Wetting

☐ Sleepwalking ☐ Night Terrors ☐ ADHD ☐ Dyslexia

☐ Learning Impairment ☐ Visual Impairments ☐ Challenging Behaviour ☐ Phobias

☐ Allergies ☐ Asthma ☐ Skin Conditions ☐ Diabetes

☐ Heart Condition ☐ Epilepsy ☐ Migraines Headaches ☐ Fainting

☐ Others (please specify):

Please give further details of **ANY** boxes that you have ticked, or any other relevant information, Including dietary considerations or recent surgeries. Please write N/A if there is nothing to add.

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**MEDICATIONS:**

☐ My child does not require any medications during camp OR

Please state below if your child is on ANY medications (prescription or non-prescription, including herbal/traditional/homeopathic). Please include what they are prescribed for and daily doses.

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**NON-PRESCRIPTION MEDICATIONS:**

If minor medical treatment/precautions need to be administered the Leader team will do so. The following treatments/remedies are normally available for this purpose. \*I give permission for my child to receive oral non-prescription medications if necessary.

Please indicate if there is any reason why any of these should not be used if considered appropriate:

Paracetamol - Ibuprofen – Savlon wound wash – Sunblock – Antiseptic cream – Adhesive plasters – Witch Hazel – Lemsip.

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**ACTIVITIES:**

I consent to my child attending the above event and participating in the activities involved, Incl Archery, and for the Scout leaders from 1st Oxshott Scouts to act in loco parentis. I understand that the camp leader reserves the right to send a scout home if necessary.

NB: Air Rifle / Archery Shooting - Please fill out separate consent form if this activity is provided

**It is the responsibility of the parent/guardian to notify the Scout Leader Team in writing of any changes to the information given in this form e.g. contact numbers, physical condition or medications.**

**EMERGENCY AUTHORISATION**

I consent to photographs being taken of him/her during the event for publicity, website or publication in accordance with good safeguarding practice.If medical treatment is necessary and I cannot be contacted I give my general consent to any necessary medical treatment and authorise the leaders to sign any document required by the hospital authorities.

Sign and Print:................................................................................................ Date: ..................……………….

**Please return to a Leader as soon as possible.**

\* delete as applicable.

This form provides essential information in case of emergency. All activities will be run in accordance with the Scout Association’s safety rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and the Scout Association does not provide automatic insurance cover in respect to such items. Electronic equipment and telephones are not permitted for this reason.