This form will be kept by the designated Activity Leader (or designated deputy) for the activity detailed below. It also gives the authority for him/her to consent to any emergency medical treatment needed when you are not able to consent yourself. All information given will be treated in the strictest of confidence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: - |  |  | Date of Birth: - |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  | |
| To attend: - |  | | | | | |
| From: - |  | | To: - | | |  |
| Please provide emergency contacts that will be available for the duration of the event. | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact 1  Name & Relationship: - |  | Emergency Contact 1  Email Address: - |  |
| Emergency Contact 1  Full Address: - |  | | |
| Emergency Contact 1  Home Tel No: - |  | Emergency Contact 2  Mobile Contact No: - |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact 2  Name & Relationship: - |  | Emergency Contact 2  Email Address: - |  |
| Emergency Contact 2  Full Address: - |  | | |
| Emergency Contact 2  Home Tel No: - |  | Emergency Contact 2  Mobile Contact No: - |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dr’s Name & Address |  | | | |
|  |  |  |  |  |
| NHS Number |  |  | Date of last Tetanus |  |

All information given will be treated in the strictest of confidence

|  |  |  |  |
| --- | --- | --- | --- |
| **Health** | **Yes** | **No** | **If "Yes" please give details below** |
| Do you have any medical conditions? |  |  |  |
| Are you receiving any medication or treatment? |  |  |  |
| Do you suffer from any allergies? Bee stings, bite etc. |  |  |  |
| Do you have any dietary needs? i.e., vegetarian |  |  |  |
| Is there anything else that you feel may be relevant? |  |  |  |
| Medicines |  |  |  |

|  |
| --- |
| **Further Details** (Attach a separate sheet if required) |
|  |

I have read the list of medication available on camp and will inform the first aider if I require anything. I understand that this is required in case of an emergency where details of any medication taken may be required. Full details of each medication are available from the Scout Hut.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nivea Sun Cream SPF 20+ |  | Nivea After Sun |  | Calamine Lotion |  |
| Dioralyte |  | Milk of Magnesia Liquid |  | Paracetamol Tablets |  |
| Calpol Six Plus |  | Cuprofen (Ibuprofen Tablets 200mg) |  | Nurofen for Children (Lq Ibuprofen) |  |
| Piriton Syrup |  | Piriton Allergy Tablets |  | Benadryl (Skin Allergy Relief Cream) |  |

I will inform the leaders if I have been in contact with any infectious diseases within 3 weeks prior to the activity.

I will inform the leaders of any medicines which have to be taken &/or diet which must be followed during the activity, & of the appropriate hospital concerned if currently under hospital treatment.

A spare named inhaler is required if you have asthma.

***Please inform the first aider of any medications you have with you as they may need to be locked away to ensure they are not readily available to any young people.***

If I require medical treatment and unable to give my general consent to any necessary medical treatment, I authorise the activity leader (or designated deputy) to sign any document(s) required by the medical authorities.

* I undertake to inform the Activity Leader in the event of any changes to my fitness prior to the activity.
* I confirm that the above details given are true & correct.
* I accept that there is a small element of risk in the activities I am undertaking.
* I understand that it is important for me & the groups safety any rules & any instructions given by the Leaders are followed.

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

On camp, we like to take photos to remember the occasion. Some of the photos are published on our notice boards inside the hut. We would also like to post some photos on our Website & Facebook page.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permission to Take Photos | Yes | No |  | Permission to Publish Photos | | | Internal Only | Web |
|  | | | | | | | | |
| Signature |  | | | |  | Date |  | |