

PARENTAL CONSENT & HEALTH FORM

I hereby give permission for my son to take part in the event at Everton Scout Camp, Inverkip from _____ to _____

NAME OF SCOUT _____ DATE OF BIRTH _____

ADDRESS _____ TELE. NO. _____

_____ PARENTS MOBILE _____

EMERGENCY CONTACT OTHER THAN ABOVE:

NAME _____ TELE.NO. _____

ADDRESS _____

FAMILY DOCTOR _____ TELE.NO. _____

HAS YOUR CHILD BEEN IN CONTACT WITH ANY INFECTIOUS DISEASE WITHIN THE LAST MONTH?

YES/NO _____

DOES YOUR CHILD SUFFER FROM: ASTHMA, CHEST COMPLAINTS, HAY FEVER, MIGRAINE, FITS OR FAINTS OR ANY OTHER ILLNESS?

YES/NO _____

IS YOUR CHILD ALLERGIC TO ANYTHING (E.G. ASPIRIN, ANTIBIOTICS, ANTISEPTICS OR ANY FOOD OR DRUGS)?

YES/NO _____

DOES YOUR CHILD REQUIRE ANY SPECIAL DIETARY NEEDS?

YES/NO _____

DATE OF LAST ANTI-TETANUS INJECTION _____

CAN YOUR CHILD UNDER SUPERVISION TAKE PART IN SWIMMING? YES/NO

ANALGESICS ARE NOT PERMITTED TO BE GIVEN WITHOUT PARENTAL CONSENT.

I AGREE/DO NOT AGREE TO THE ABOVE NAMED BEING GIVEN ANALGESICS IF NECESSARY.

SIGNED _____

EMERGENCY PERMISSION

IF I AM UNABLE TO BE CONTACTED AT THE ABOVE ADDRESSES OR TELEPHONE NUMBERS, I HEREBY AUTHORISE A FULLY WARRANTED SCOUT LEADER TO GIVE PERMISSION TO THE DOCTOR IN CHARGE TO UNDERTAKE WHATEVER TREATMENT IS CONSIDERED NECESSARY FOR MY CHILD.

SIGNED _____ **DATE** _____

CAMERAS OR VIDEO MAY BE USED DURING THIS ACTIVITY SHOULD YOU HAVE ANY OBJECTION PLEASE MAKE THIS CLEAR TO THE LEADER IN CHARGE.