



**CONSENT AND HEALTH INFORMATION FORM FOR SCOUT
ACTIVITIES AND CAMPS**

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY

Scouts Full Name:	Date of Birth:
	Religion:
Address:	
Telephone No (incl. code): (01)	
Emergency Contact Name:	Relationship:
Emergency Contact Address (during event):	
Telephone No (incl. code): (01)	
<i>NAME OF ACTIVITY</i>	

<i>MEDICAL INFORMATION</i> (To be completed by parent/guardian)		
Doctors Name:		
Doctors Address:		
Telephone No (day) (Incl. code): (01)		Telephone No (night) (Incl. code): (01)
HEALTH INFORMATION (It is important to complete this as fully as possible)		
	* delete as necessary	Give details to "YES" answers.
Are there any medical or health reasons why he/she should not take part in the activity?	*NO/YES	
Has he/she been in contact with any infectious illness in the last 6 months?	*NO/YES	
Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS, EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY?	*NO/YES	
Is he/she taking any form of regular medication?	*NO/YES	
Is he/she allergic to ANTIBIOTICS, PLASTERS or any other MEDICINES or FOOD?	*NO/YES	
Are there any special DIETARY needs?	*NO/YES	
Date of his/her last ANTI-TETANUS injection (if known).		

<i>CONSENT</i> (To be completed by parent/guardian)	
I hereby agree to my son/daughter taking part in the above named activity	
Should the necessity arise, and I can not be contacted by telephone or any other practical means to authorise urgent medical treatment to the above named, I hereby give my general consent to the Scouter in charge to authorise the medical authorities to give any necessary medical treatment	
I understand that the above named will need their own Insurance Cover against damage or loss of personal effects.	
I consent to the taking of and, distribution of, any photographic material from this activity.	
Signature:	Dated: