



40th Fife Scout Group

HEALTH INFORMATION FORM

This section to be completed by the Camp/Holiday Leader

Camp / Holiday Location:	From:	To:
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Camp / Holiday Leader:	Assistant Camp / Holiday Leaders:
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This form (both sides) is to be completed by the parent or carer of the young person. Please answer the following questions as fully as possible. In the event of your child requiring emergency treatment this will help the medical authorities in deciding the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)

Surname:	Date of Birth:
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Forenames:	NHS Number (if available):
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He / She can swim 50 metres and treat water and may / may not bathe under careful Supervision. NOT APPLICABLE Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection
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Parent/Guardians Address During the Camp/Holiday
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Telephone

Family Doctors Name and Address
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.....
.....
Telephone

I hereby give permission for my child to attend the aforementioned camp/holiday.

I understand that the camp/holiday leader reserves the right to send any participants home if necessary.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the camp/holiday leader named above (or, in their absence, one of the assistant camp/holiday leaders named above) to sign any document required by the hospital authorities.

I will inform the camp/holiday leader if any of the information given on this form changes before the event takes place.

Note: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason, we do not insist on parents signing the statement above. At the same time, it can be a comfort to medical staff to have general consent on advance from parents or to have a Leader on hand able to sign forms required by the medical authorities.

Name of Parent / Guardian:	Relationship to Young Person:
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Signature:	Date:
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The camp/holiday leader (or in their absence one of the assistant camp/holiday leaders named above) may administer the appropriate minor treatment / precautions (as listed below) if required.

Headache

Stomach Upset.....

Cuts & Grazes

Colds etc.

Other Specific Ailments (Please continue below if required.)

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Does your child need any assistance with reading?

Yes

No

Does your child have a hearing difficulty?

Yes

No

Details of any medicines/diets/treatments currently being taken/followed (including dosage details) & the specialist and hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines).

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Has your child had any infectious diseases/been in contact with someone with an infectious disease in the past three weeks (e.g. *Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough* etc.)

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Does your child suffer from any of the following? (PLEASE):

Asthma Diabetes Epilepsy Migraines Fits or faints Other

Does your child have any known allergies / sensitivities / special needs e.g. *Penicillin, Food Colourings, Travel Sickness, Bed-wetting, etc.*? Please include details of any precautions or remedies required.

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If your child is currently taking regular medication please give details below:

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Medicines should be or other items should be clearly labelled with your child's name and the exact dosages and times of application, and should be handed to the Camp / Holiday Leader or designated First Aider before departure.

Is there any other information you feel would be helpful to the camp/holiday leader?

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Please continue on a separate sheet if required (Remember to include your child's name on any separate sheets and attach them securely to this form – Thank you)