



Keighley District Scouts. Health Information Form

Group name

Surname:

Forenames:

D.O.B:

Address:

Post Code:

Contact Tel. No:

Mobile No :

Email:

Family Doctors Name:

Address:

Tel. No:

Alternative Contact:

Phone No:

Relationship to child:

I understand that should it become necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Group/Event leaders to sign any document required by the medical / hospital authorities.

Please cross this box if you do **not** wish you child's photograph to be taken during any Scouting activity.

I am a UK tax player, and agree for subscriptions paid to the group to be Gift Aided

I agree that the leader may administer the appropriate minor treatment/precautions (as indicated below) if required:

Headache:

Stomach Upset:.....

Cuts & Grazes:.....

Colds etc.....

Details of any Medical Conditions / Allergies / Disabilities :.....

.....

Details of medicines currently being used.....

.....

Details of any Special Educational Needs:.....

.....

Your child's details (name, street, postcode & date of birth) may be used by the Constructive Partnership solely to access funding for previous and future activities undertaken.

Please cross this box if you do **not** agree to the information being passed on.

Name of Parent/Guardian

Relationship to young person

Signature

Date

In the spaces below please give details of the following:-

1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the three weeks prior to the activity (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. 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).
(If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to the Camp Leader/First Aider before departure.)

I confirm that my child has permission to take part in the stated activity and that unless otherwise advised below, all details shown on page one are accurate and up to date.

Date	Event Location	Event leader	Assistant event leaders
		Additions / Amendments to Form Details and/or current or recent ailments or medication	
Parent/Guardian Signature			

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