



Shropshire Borders District Scouts



Health Information Form

Camp Location Oswestry Show Ground

From: 3rd July 2009 To: 5th July 2009

Camp Leader: Leslie Fardoe (ADC Cubs)

Assisted By: Elaine Ridgers And other members of the district team

This section (both sides) is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

Please complete in BLOCK CAPITALS

Please photocopy the completed form one copy to be handed in to the camp organizers and second to be kept with the group leader attending the camp. Please make sure you destroy form at the end of the camp.

SURNAME

FORNAME

DATE OF BIRTH

NATIONAL HEALTH SERVICE NUMBER

PARENT / GUARDIAN CONTACT ADDRESS / TELEPHONE DURING THE CAMP

DATE OF LAST TETANUS INJECTION

FAMILY DOCTOR NAME AND ADDRESS

NAME:

PRACTICE ADDRESS:

TELEPHONE:

.....POST CODE.....

TELEPHONE:

MOBILE:

I hereby give permission for my child to attend the aforementioned Camp.

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 leader named on this form (or in their absence one of the assistant camp leaders named overleaf), to sign any document required by the hospital authorities.

I will inform the Camp Leader if any of the information given on this form changes before the event takes place.

NAME OF PARENT / GUARDIAN

RELATIONSHIP TO YOUNG PERSON

SIGNATURE

DATE

The Camp Leader (or in their absence one of the assistant Camp leaders named overleaf) may administer the appropriate minor treatment/precautions (as listed below) if required.

We may ask your Scouting member to apply Sun Block, if this is a problem please say so NOW!

Headache.....

Stomach Upset.....

Cuts & Grazes.....

Colds etc.....

Please put any other information In the space below, also please give details of the following:-

1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bedwetting, Asthma etc.) Exact Information will be needed of what happens and how it may affect your child.
3. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the

Please continue on a separate sheet if required Tick in space if extra form is attached /added _____
(Remember to include your child(s) name on any separate sheets and attach them securely to this form)

Please tick activities listed appropriate to the section and sign to indicate that you are happy for your child to take part in them

Archery
Backwoods cooking
Climbing
Water Rocket

Re enactment Activities
Model making
Tag Rugby

SIGNATURE

DATE