

3rd Hayling Scout Group



Lion Troop

Health Information Form

This Section to be completed by the Camp Leader.

Camp Location	Pinsent Scout Campsite Clarendon Way, Winchester, SO22 5QL.	From	To
		01/04/11	03/04/11

Camp Leader Jim Simpson	Assistant Camp Leader(s) Mervin Haines, Tom Lincoln, Rob Durrell
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This section (both sides) is to be completed by the Parent/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 the most appropriate treatment to give is.
(Please complete in BLOCK CAPITALS)

Surname	Date of Birth
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Forenames	National Health Service Number
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He / She may bathe under careful Supervision Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection
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Parent/Guardians Address During the Camp Telephone	Family Doctors Name & Address Telephone
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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 above (or in their absence one of the Assistant Camp Leaders named above), 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
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Signature	Date
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