

**3rd Hayling Scout Group
 Birthday Camp
 Health Information Form**



Health Information Form

Location:	Lyons Copse Scout Centre	Dates:	From 14/06/19 to 16/06/19
Camp Leader	Ian Hawke	Telephone	07986521703

Assistant Camp Leaders: All Leaders

This section (both sides) is to be completed by the Parent/Guardian of the young person named below. Please answer all questions as fully as possible, (especially alternative telephone numbers) as in the event of your child requiring emergency treatment, it will help the medical authorities in deciding the most appropriate course of action.

Name:			
Date of Birth:		NHS Number:	
Last Tetanus Injection:		Your Refno:	

Emergency Contact Information (For the duration of the Camp)		Family Doctor Information	
Contact Name: (Relationship)		Doctors Name:	
Address:		Address:	
Telephone:		Telephone:	

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone 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 named Assistant Leaders), 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 takes place

Parent / Guardian Name		Relationship to Camper	
Signature		Date	

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 / Nurse insisting on the consent of the Parent or Guardian 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 in advance from Parent's or to have a Leader on hand able to sign forms required by the medical authorities.

Medical Information

Please complete the following, clearly indicating anything that does not apply. Please continue on additional sheets if necessary, but ensure these are clearly marked with your child's name and securely attached to this form.

The Camp Leader (or in their absence one of the Assistant Camp Leaders may administer the appropriate minor treatment (listed below) if required.

Headache.....

Stomach Upset.....

Cuts & Grazes.....

Inset Bites.....

Please give details of the following:-(or enter "NONE")

1. Any allergies/sensitivities and details of any known precautions or remedies. (e.g. Penicillin, Nuts, Travel Sickness etc.)
2. Any infectious diseases with which the child has been in contact with over the last four weeks. (e.g. Chicken Pox, Measles, Mumps etc.)
3. Any other special needs or attention required.

1 -

2 -

3 -

Please give details of all medicines and drugs (prescription and non-prescription) currently being taken. If it is necessary to administer any of these during the Camp / Sleepover, these must be handed to the Camp Leader on arrival, clearly labelled with their name, exact dosage and information on when / how to administer.

Prescription Drugs		Non Prescription Drugs	
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Activity Information

The individual named overleaf has been given permission to take part in those activities indicated with "Yes", but not in any indicated with "No"

Archery	Air Rifle Shooting	Climbing	Crate Stacking	Rafting	
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Other Useful Information