

htform		Event Ref	ev25acd	Created	07/07/25
3rd Hayling Scout Group Saturn Camp					

Health Information Form

Friday 10th July 2026 to Sunday 12th July 2026		Location:	Ferny Crofts Scout Centre
Event Leader	Sarah Bailey	Telephone	07917440831
Assistant Leaders:		Saturn Leaders	

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

Name:			
Date of Birth:		NI Number:	
Last Tetanus Injection:		Your Refno:	
Emergency Contact Information (For the duration of the Camp)		Family Doctor Information	
Name:		Name:	
Relation -ship:			
Addr:		Addr:	
Post Code:		Post Code:	
Tel:		Tel:	

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 event

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.

07/07/25

ev25acd

Page 1 of 2

htform		Event Ref	ev25acd	Created	07/07/25																
Medical Information																					
<p>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.</p> <p>The Camp Leader (or in their absence one of the Assistant Camp Leaders may administer the appropriate minor treatment (listed below) if required.</p>																					
Headache																					
Stomach Upset																					
Cuts & Grazes																					
Insect Bites																					
<p>Please give details of the following:- (or enter "NONE")</p>																					
Any allergies/sensitivities and details of any known precautions or remedies. (e.g. Penicillin, Nuts, Travel Sickness etc.)																					
Any infectious diseases with which the child has been in contact over the last four weeks. (e.g. Chicken Pox, Measles, Mumps etc.)																					
Any other special needs or attention required.																					
<p>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.</p>																					
<table border="1"> <tr> <td>Prescription Drugs</td> <td>Non Prescription Drugs</td> </tr> <tr><td> </td><td> </td></tr> </table>		Prescription Drugs	Non Prescription Drugs																		
Prescription Drugs	Non Prescription Drugs																				
07/07/25		ev25acd	Page 2 of 2																		