


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:	Ferry 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					
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					
Insect Bites					
Please give details of the following:--(or enter "NONE")					
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.					
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		
07/07/25		ev25acd		Page 2 of 2	