

Health & Consent Form

Notts Scouts Adventure



Please answer the following questions as fully as possible. In the unlikely event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

Personal Details

Name of young person:		Date of Birth:	
Parent/Guardian, address & contact details (including mobile phone number):			
If participating in water activities, please indicate if your child can swim the following distances:	5 meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	10 meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	25 meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	50+ meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Details

NHS Number:		Date of last tetanus jab:	
Doctor's name, address & contact details:	Relevant medical history:		
Details of any disabilities, medical conditions, allergies, additional needs, or cultural needs that organisers might need to be aware of:	Details of any treatments or medications currently being taken:		

Consent

I hereby give permission for my child to participate in this activity. 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 activity leader to sign any document required by the hospital authorities.

I will inform the Leader if any of the information given on this form changes before the event takes place. By participating in this event, you consent to photography being captured for the purpose of promotion, unless you inform us otherwise.

Signed:		Date:	
Name of parent/guardian:			
Relationship to young person:			