



In Case of Emergency (ICE) and Health Form 2012



(Please complete in BLOCK CAPITALS)

Surname		Date of Birth
Forenames		Postcode
Scout Group: 19 th Wimbledon Scout Group		School
NHS No	Religion	Date of last Tetanus Injection

He/She can swim 50m and stay afloat for 5 minutes in light clothing. Yes ☐ No ☐
He/She can participate in Scout water/swimming activities (under supervision). Yes ☐ No ☐
Stage of swimming (Non Swimmer/Beginner/Poor/Average/Good)*please delete

Home Address: Telephone.....	In Case of Emergency (ICE) Contact 1 Name and Address: Telephone..... Mobile Phone..... Relationship.....
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Scouts Email Address: Scouts Mobile Phone:	Parents Email Address: Parents Mobile Phone:
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In Case of Emergency (ICE) Contact 2 Name and Address: Telephone..... Mobile Phone..... Relationship.....	In Case of Emergency (ICE) Contact 3 Name and Address: Telephone..... Mobile Phone..... Relationship.....
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Doctors Name:	Telephone:
Address :	

The information contained on this Form will be kept securely and in confidence by the 19th Wimbledon Scout Group and will only be used by the Leaders and designated First Aiders at Scouting Events and Activities.

Please inform the Scout Leader/First Aider if any of the information given on this form changes.
This form will otherwise be held to be valid and up to date until 31 December 2012.

Note: All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Additional Information required. Please Continue over the page.

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The appointed Scouter or First Aider will give minor Medical treatment. If it becomes necessary for my child to receive more serious medical treatment (eg at Doctor or Hospital) 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 Event Leader or Event First Aiders to sign any document required by the hospital authorities.

I will inform the Event Leader or Event First Aider if my son / daughter has been in contact with any infectious diseases within 3 weeks ahead of an event (e.g. Chicken Pox, Measles, Mumps, Rubella, Whooping Cough, Diphtheria, etc)

I give my permission for my son / daughter to appear in photos taken at Scouting Events and Activities which may then appear in the Scout Troop/Group newsletter or on the Group website www.19thwimbledonscouts.co.uk or in other displays at Scouting events (e.g. County AGM. / Scouting magazine). Full names will never appear on the website.

I will inform the Scout Troop Leaders if any of the information given on this form changes before 31st December 2012.

Name of Parent/Guardian	Relationship to Young Person
Signature	Date

The Event Leader or designated First Aiders may administer the appropriate minor treatment/precautions (as listed below) if required. Please delete any you do NOT want your son / daughter to receive or indicate any known adverse reactions.

Headache: - Calpol 6+ or Paracetamol tablets or Similar Over The Counter Products

Stomach Upset: - Gaviscon tablets or liquid or Similar Over The Counter Products

Cuts & Grazes: - Plasters or Similar Over The Counter Products

Colds etc.: - Calpol 6+ or Paracetamol or Similar Over The Counter Products

Sunburn, Nettle Rash etc: - Calamine lotion or Similar Over The Counter Products.....

Insect Bites or Allergic Reactions: - Waspeze, Anthisan cream or Piriton or Similar Over The Counter Products.

Muscle Strain, Twisted Joints etc (if no hospital visit deemed necessary): - Paracetamol or Ibuprofen.....

In the space below please give details of the following: -

- Any Known Allergies/Disabilities including behavioural and learning difficulties and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma, Hayfever, Nosebleeds etc.)
- Any special dietary requirements / food allergies / forbidden foods (e.g. Vegetarian etc)
- Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines).
(If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to the First Aider before departure)

Please continue on a separate sheet if required (Please remember to include your son / daughter's name on any separate sheets)

The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.