

1st Owlsmoor Scout Group Health Information Form - Adult

Parent & Child Camp 2013

Friday 20th September to Sunday 22nd September 2013

Two copies of this form should be completed for each adult who will be on camp, even if only as a visitor. One copy of the form will be held centrally by the South Berkshire District First Aider; the other copy will be held centrally on the 1st Owlsmoor camp site. All health forms will be destroyed once the camp ends.

Please provide as much information as possible – it will help the medical authorities to provide the best possible care in the event of need.

At A Glance

Wristband Colour			
Wristband Number			
Surname			
First Name			
Date Of Birth	Day	Month	Year
NHS Number			
Doctor's Name / Tel. No.			
Current Tetanus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please tick as appropriate.</i>
Current Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please tick as appropriate; if 'Yes', please give details of medication on page 2 below.</i>
Current Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please tick as appropriate; if 'Yes', please give details of allergies on page 2 below.</i>
Contact Infectious Diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If you have been in contact with someone who has an infectious disease such as measles, chickenpox, whooping cough, diphtheria etc., please tick the 'Yes' box and give details on page 2 below.</i>

Adult Contact Details

In the event that you require medical treatment off-site, we need to know how to contact your partner or other nominated adult. We also need to know which children you are responsible for so that we can make arrangements to look after them until we can hand them over into the care of your partner or other nominated adult.

Contact Numbers		
Names Of Children On Camp		
Names Of Children On Camp		
Name Of Contact Adult		
Relationship To Me		
Contact Number(s)		

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Consent Statement

(To be signed by each parent / guardian who will be on camp, even if only as a visitor)

In the event that I need to be taken to hospital for medical treatment and I am unable to look after the above-named children in my care, I understand that a warranted Scout Leader from 1st Owlsmoor Scout Group will take formal responsibility for them until such time as they can be handed into the care of my partner or other mutually agreed adult such as a family friend or neighbour.

I understand that one copy of this health form will be held centrally on the 1st Owlsmoor Scout Group campsite and that another copy will be held centrally by the South Berkshire Scout District. Health forms will only be viewed by warranted Scout Leaders and will be destroyed at the end of the camp.

Signed: _____

Signed: _____

Name : _____

Name : _____

(Please print)

(Please print)

Date : _____ 2013

Date : _____ 2013