## 1<sup>st</sup> Owlsmoor Scout Group Health Information Form - Adult

Parent & Child Camp 2013

Friday 20<sup>th</sup> September to Sunday 22<sup>nd</sup> 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 1<sup>st</sup> 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

Surname  First Name  Date Of Birth Day Month Year  NHS Number  Doctor's Name / Tel. No.  Current Tetanus Yes No Please tick as appropriate.  Current Medication Yes No Please tick as appropriate if Yes', please give details of medication nage 2 below.  Current Allergies Yes No Please tick as appropriate if Yes', please give details of medication nage 2 below.  Current Allergies Yes No Please tick as appropriate if Yes', please give details of medication on page 2 below.  Contact Infectious Diseases Yes No Please tick as appropriate if Yes', please give details of allergies on page 2 below.  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)	Wilstband Number						
Date Of Birth  Day  Month  Year  NHS Number  Doctor's Name / Tel. No.  Current Tetanus  Yes  No  Please tick as appropriate.  If you have details of allerigies on page 2 below.  Please tick as appropriate.  Please tick	Surname						
NHS Number  Doctor's Name / Tel. No.  Current Tetanus  Yes  No  Please tick as appropriate.  Current Medication  Yes  No  Please tick as appropriate.  Please tick as appropriate.  Current Allergies  Yes  No  Please tick as appropriate if 'Yes', please give details of medication on page 2 below.  Current Allergies  Yes  No  Please tick as appropriate if 'Yes', please give details of allergies on page 2 below.  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.  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	First Name						
Doctor's Name / Tel. No.  Current Tetanus  Yes  No  Please tick as appropriate.  Current Medication  Yes  No  Please tick as appropriate.  Please tick as appropriate; if 'Yes', please give details of medication on page 2 below.  Current Allergies  Yes  No  Please tick as appropriate; if 'Yes', please give details of allergies on page 2 below.  If you have been in contact with someone who has an infectious disease such as measles, chickenpor, whooping cough, diphtheria etc., please tick the 'Yes' box and give details on page 2 below.  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	Date Of Birth	Day		Month		Year	
Current Tetanus  Yes No Please tick as appropriate.  Please tick as appropriate.  Please tick as appropriate; if 'Yes', please give details of medication on page 2 below.  Please tick as appropriate; if 'Yes', please give details of medication on page 2 below.  Please tick as appropriate; if 'Yes', please give details of allergies on page 2 below.  Please tick as appropriate; if 'Yes', please give details of allergies on page 2 below.  Please tick as appropriate; if 'Yes', please give details of allergies on page 2 below.  If you have been in contact with someone who has an infectious disease such as measles, chickenpox, whooping cough, diphrieria etc., please tick the 'Yes' box and give details on page 2 below.  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	NHS Number						
Current Medication  Yes No Please tick as appropriate; if Yes', please give details of medication on page 2 below.  Current Allergies  Yes No Please tick as appropriate; if Yes', please give details of allergies on page 2 below.  If you have been in contact with someone who has an infectious disease such as massles, chickenpox, whooping cough, diphtheria etc., please tick the 'Yes' box and give details on page 2 below.  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  Name Of Contact Adult  Relationship To Me	Doctor's Name / Tel. No.						
Current Allergies  Yes  No  Please tick as appropriate; if 'Yes', please give details of allergies on page 2 below.  Please tick as appropriate; if 'Yes', please give details of allergies on page 2 below.  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.  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  Name Of Contact Adult  Relationship To Me	Current Tetanus	Yes		No		Please tick as appropriate.	
Contact Infectious Diseases  Yes  No  Give details of aliergies on page 2 below.  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.  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  Name Of Contact Adult  Relationship To Me	Current Medication	Yes		No			
Contact Infectious Diseases  Yes  No  No  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.  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  Name Of Contact Adult  Relationship To Me	Current Allergies	Yes		No			
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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	Adult Contact Details						
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Names Of Children On Camp  Name Of Contact Adult  Relationship To Me	Contact Numbers						
Name Of Contact Adult  Relationship To Me	Names Of Children On Camp						
Relationship To Me	Names Of Children On Camp						
	Name Of Contact Adult						
Contact Number(s)	Relationship To Me						
	Contact Number(s)						

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# Medication, Allergies, Special Diets And Contacts With Infectious Diseases

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

- 1. Any known infectious diseases with which you have been in contact within the last three weeks (e.g. chicken pox, diphtheria, measles, mumps, rubella, whooping cough, stomach bugs etc.)
- 2. Any known allergies / sensitivities / disabilities and details of any known precautions or remedies (e.g. penicillin, food colourings, asthma etc.)

3.	Details of any medicines / diets / treatments currently being taken / followed (including dosage details) and the specialist and hospital concerned, if appropriate. Please include any non prescription preparations, such as cough sweets or herbal medicines).

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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 1<sup>st</sup> 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 1<sup>st</sup> 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:	<del></del>	Signed:			
Name :	<del> </del>	Name:			
(Please print)		(Please print)			
Date :	2013	Date :	2013		

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