

1st Owlsmoor Scout Group Health Information Form - Child

Parent & Child Camp 2014

Friday 26th September to Sunday 28th September 2014

Two copies of this form should be completed for each child, whether members of the Scout Association or not, attending the camp. 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 your child has 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>

Parent / Guardian Contact Details

Where possible, please enter contact details for more than one parent / guardian even if only one adult is accompanying the above named child on camp. We ask this because it may not be possible to contact the accompanying parent / guardian in the event of your child needing emergency medical intervention.

Full Name (please print)		
Relationship To Child		
Contact Number(s)		
Full Name (please print)		
Relationship To Child		
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)

I understand that, while Warranted Scout Leaders of the Scout Association have a general duty of care towards my child whilst on camp, the nature of a Parent & Child camp means that **I and/or my partner retain full and primary responsibility** for the above-named child for the duration of the camp.

In the event that my child needs medical treatment, the duty First Aider will attempt to contact me or my partner *(if applicable)* on one of the contact numbers I have given above.

If my child has – or appears to have – a life-threatening condition and neither I nor my partner *(if applicable)* can be contacted, I authorise the duty First Aider to call an ambulance and to accompany my child to hospital while efforts are made to contact me and / or my partner.

In the event that my child needs treatment for small ailments such as cuts and grazes, stomach upset or headache, the duty First Aider should be aware that:

I **do** authorise treatment of such ailments in my absence

I **do not** authorise treatment of such ailments in my absence

In the event that I need to be taken to hospital for medical treatment and the above-named child has no-one to care for him/her, I understand that a warranted Scout Leader from 1st Owlsmoor Scout Group will take formal responsibility for my child until such time as he/she 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 : _____ 2014

Date : _____ 2014