

# ISLE OF WIGHT SCOUT COUNCIL

CHARITY REGISTRATION NUMBER - 302136



## YOUTH MEDICAL & PARENTAL CONSENT FORM

Please read carefully and complete all white space sections. Where a Yes or No answer is required - please cross out as appropriate so that your answer is clearly legible					
<b>ACTIVITY / EVENT</b>					
<b>DATE OF EVENT</b>					
<b>EVENT ORGANISERS</b>					
PARTICIPANT'S INFORMATION					
<b>Scout Group</b>	1 <sup>st</sup> Sandown and Lake Sea Scout Group				
<b>Child's Name</b>		<b>Date of Birth</b>			
<b>Home Address</b>					
MEDICAL INFORMATION					
<i>The Medical Profession takes the view that parental consent for medical treatment cannot be delegated and this is explicit in the Children Act 1989. In the event of an Emergency the immediate priority will be to obtain medical assistance. If medical treatment is required, where the Doctor or Nurse considers parental consent is required, you will be contacted on the telephone number given below. If you can not be contacted, do you give your general consent to any necessary medical treatment, subject to the information provided below. Please note that the Medical Profession may not accept this request.</i>					
In the event of treatment being necessary, where parental consent is <u>not</u> required - Do you wish to be contacted, irrespective of the time.				YES	NO
Emergency Telephone Numbers where next of kin can be contacted throughout the Event.		<b>Land line</b>			
		<b>Mobile</b>			
To assist the Organisers and the Medical Profession, please provide the following information.					
<b>Family Doctor</b>			<b>Surgery Phone No</b>		
<b>Surgery Address</b>					
Does your child suffer from any allergies, disabilities or medical conditions?	YES	NO	If YES, please state details :-		
Does your child take any medicine or pills?	YES	NO	If YES, please state details :-		
Medicine should be carried in your child's Rucsac and be clearly marked with Name, Scout Group and exact dosage.					
Has your child been given an anti-tetanus vaccination during the last 10 years.				YES	NO
<b>Do you object to your child being given the following:-</b>					
An anaesthetic	YES	NO	A Blood Transfusion	YES	NO
Paracetamol (if requested by your child)	YES	NO	Sting Relief Cream / Antiseptic Cream	YES	NO
State any other details or instructions that the Organisers should be aware of					
<i>I undertake to inform my child's Section Leader and the Organisers of the Event (as above) if my child comes into contact with any infectious diseases within a three week period before the Event.</i>					
CONSENT FOR A MINOR TO PARTICIPATE IN THE ACTIVITY					
I give consent for the above named child to take part in this Scout Activity and I understand that the Organiser reserves the right to send any participant home, in the event of unacceptable behaviour. I confirm all relevant information has been provided.					
I enclose the Activity Parental Consent Form duly completed and signed				YES	NO
Signature of Parent or Guardian			<b>Date</b>		