



## Adult/Leader Annual Health & Information Form [*Confidential*]

Please answer the questions on this form as fully as possible so that in the event of your child requiring emergency treatment, the medical authorities will be helped in deciding which is the most appropriate treatment to give **Please complete in BLOCK CAPITALS if you need more room please use additional sheets**

Your Details			
Forename		Surname	
Gender	Male / Female	Date of birth	
Telephone		Mobile	
E-mail		Religion	
Address			
Post Code			
NHS Number		Date of last tetanus injection	
Doctor's Name		Doctor's Telephone	
Dr's Address			

Emergency Contact Details. (Please enter address if different from yours)			
Name (contact 1)		Relationship	
Telephone		Mobile	
Address			
Post Code		E-mail	
Name (contact 2)		Relationship	
Telephone		Mobile	
Address			
Post Code		E-mail	

Consent/Signature	
I understand that the Camp Leader reserves the right to send any participants home if they deem it to be necessary for medical, or other reasons. In the event of any medical accident/injury during the camp I understand this will be dealt with by a trained Leader with further medical advice / assistance sought where appropriate. I will inform the section leader should any information given on this form change.	
I give permission for any photographs taken on Scout activities/camps to be used on the Group website and Group Facebook Closed Group and other displays (nb names/details will not be published and we follow Scouting's Social Media Guidelines laid out in factsheet FS103011)	Yes/No
Name (please print)	
Signature	
Date	
Those aged 16 and over give their own consent to medical treatment but we still need to hold emergency contact details and health information.	

**It is Yarnton Scout Group Policy that any knives brought to camp by Young People must be handed in to the Camp Leader and then issued when required. Knives must not be worn or carried except when being used at camp. All knives and personal kit including mobile phones must be indelibly labelled and it is your responsibility to look after it as Yarnton Scout Group are not responsible for any loss or damage**

*Any personal information provided by you to Yarnton Scout Group through this form will only be used by the Scout Leaders for your benefit. All information received from you will be retained by us and not sold, transferred, or otherwise disclosed to any third party, unless such disclosure is required by law or court order Data Protection & Privacy. Yarnton Scout Group recognises that your privacy is important to you. The Scout Association is registered with the Information Commissioner under the Data Protection Act 1998, and is committed to respecting your privacy. We will apply appropriate protection and management of any personally identifiable information you share with us. The information you submit will be kept confidential. The information you provide may be entered into a membership database and processed by Yarnton Scout Group in accordance with the Data Protection Act 1998*



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Your Medical Details and Allergies	
Are You currently receiving any medication/treatments?  If yes please list (including dosage details) & the specialist and hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines)  <b>All medication that your child requires should be handed in to the leaders at the start of the camp. All items should be clearly labelled with his/her name and the exact dosages No child should have unsupervised access to any medication except items that must be carried at all times (eg Asthma Inhalers, Allergy pens)</b>	Yes/No
Do you have any allergies to medicines?  If yes please list (See also the treatment section below)	Yes/No
Do you have any food allergies or special dietary requirements eg Nut Allergy, Vegetarian, Celiac, Halal?  If yes please list	Yes/No
Do you have any other special needs, sensitivities, disabilities eg dyslexia  If yes please list & attach copies of I.E.P.s or statements	Yes/No
<b>Any Other information we should be aware of</b>	

Your Medical Treatment - The Leader or designated first may administer appropriate minor treatment unless you advise differently below:			
<b>Headache</b> Calpol 6+ or Paracetamol tablets or Any Over The Counter Products		<b>Stomach upset</b> Gaviston tablets or liquid or Any Over The Counter Products	
<b>Cuts &amp; grazes</b> Plasters or Any Over The Counter Products		<b>Colds etc</b> Calpol 6+ or Paracetamol or Any Over The Counter Products	
<b>Travel sickness</b> Hyoscine, Antihistamines or Any Over The Counter Products		<b>Sunburn, Nettle Rash etc: -</b> Calamine lotion or Any Over The Counter Products	
<b>Insect Bites or Stings</b> Waspeze, Anthisan, Piriton or Any Over The Counter Products		<b>Muscle Strain, Twisted Joints</b> (if no hospital visit required) Paracetamol or Ibuprofen	
Are you allergic to or suffer a reaction to any of the following: <a href="#">Antiseptic Wipes</a> , <a href="#">Hand Wash</a> , <a href="#">Deep Heat</a> , <a href="#">Freeze spray</a> , <a href="#">Antiseptic Cream</a> <a href="#">Insect Repellent</a>			
Any other medical concerns or items of first aid that you do NOT wish to receive eg specific brand of medication:			

Your Activity Permissions - 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 camp organizers and The Scout Association does not provide automatic insurance cover in respect to such items, but additional cover may be purchased.	
As an adult, you can give verbal and/or written permission where needed for activities, but note that separate permission forms may be required by activity providers including Scout Campsites depending on the activity being undertaken.	
Please confirm that you can swim 50m	Yes/No
Any specific concerns:	