



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**

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

Emergency Contact Details. (In an emergency we might need to contact you, Please enter address if different from young person)			
Name (contact 1)			
Telephone		Mobile	
Address			
Post Code		E-mail	
Name (contact 2)			
Telephone		Mobile	
Address			
Post Code		E-mail	

Parents/Guardians Consent/Signatures			
<p>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 acknowledge that it is at the Camp Leader's discretion whether I am contacted with regards to minor injuries that do not require professional medical treatment. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise any responsible Leader to sign any document required by the hospital authorities.</p> <p>I will inform my child's section leader should any information given on this form change.</p>			
<p>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to be used on the Group website and Group Facebook Closed Group and other displays (nb names/details will not be published and we follow Scouting's' Social Media Guidelines laid out in factsheet FS103011)</p>			Yes/No
Name of parent/guardian (please print)			
Signature			
Date		Relationship to YP	
<p>Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities. Those aged 16 and over can give their own consent to medical treatment but we still need to hold emergency contact details and health information.</p>			

It is Yarnton Scout Group Policy that any knives brought to camp must be handed in to the Camp Leader and they will be 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 child's responsibility to look after it as Yarnton Scout Group are not responsible for any loss or damage

Any personal information provided by you to the Group through this form will only be used by Scout Leaders for the benefit of your child. Any personal 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 the Scout Group in accordance with the Data Protection Act 1998



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Young Persons Medical Details and Allergies	
Is your child 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) 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)	Yes/No
Does your Child have any allergies to medicines? If yes please list (See also the treatment section below)	Yes/No
Does your Child have any food allergies or special dietary requirements e.g. Nut Allergy, Vegetarian, Celiac, Halal? If yes please list	Yes/No
Does your Child have any other special needs, sensitivities, disabilities eg dyslexia If yes please list & attach copies of I.E.P.s or statements Any Other information we should be aware of	Yes/No

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

Young Persons 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. Please note that separate permission forms may be required by activity providers in addition to this form			
Pot-holing / caving	Yes/No	Archery	Yes/No
Air soft target shooting	Yes/No	Rifle Shooting / Paintball	Yes/No
Adventure Playground	Yes/No	Aerial Runway	Yes/No
Cave maze, or similar	Yes/No	High Ropes	Yes/No
Climbing/Abseiling	Yes/No	Cycling / PedalCar	Yes/No
Water activities e.g. swimming, rafting, canoeing	Yes/No	Crate Stacking	Yes/No
Please confirm that they can swim 50m	Yes/No	Karting	Yes/No
Any specific concerns:			