



The Baden-Powell Scouts' Association



Medical/ Indemnity Form

GROUP: 3rd Wiltshire (Warminster)

**This form MUST be completed in full by the Parent/Carer Only
PLEASE READ CAREFULLY.**

Childs Full Name: _____

Address: _____

Telephone: _____

Date of Birth _____

Parents Mobile No _____

Family Doctor: _____

NHS No _____

Surgery Address: _____

Telephone No _____

Is your child allergic to any of the following?

Tetanus

Penicillin

Bee/Wasps sting

Nuts

Any other allergy/ medical condition? _____

Please give details _____

He/She Has/Has Not** been immunised against Tetanus on _____ (Please enter date immunised)

Does your child suffer from any of the following?

Asthma	Bed wetting	Fear of the dark	Migraine	Eczema	Epilepsy	Sleepwalking
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Any other condition? Please give details _____

Please list any Medication currently being taken including dosage _____

Special Dietary needs (i.e. Lactose free) _____

In the event that my son/daughter, named above, being taken ill or injured during the course of ANY activity, trip or camp to the extent that a surgical operation, transfusion of blood or serum or medication being required becomes necessary, I authorize the Leader in charge of the activity, trip or camp or those appointed by them to sign on my behalf, any form of consent required by the appropriate medical authorities, if, in the opinion of such authorities, delay required to obtain my personal consent might be prejudicial to my son/daughters health & safety.

I further agree to indemnify the Group or any Leader involved with the party against:

- Any claim made against them by a third party directly or indirectly arising out of any act or default of my son/daughter, named above.
- Any costs and expenses incurred and/or other sums disbursed by them on behalf of my son/daughter, named above, during or as a result of the activity, trip or camp.
- Any loss to them arising from damage to or loss of property or personal injury contributed to or caused by any act or default of my son/daughter, providing of course that the indemnity shall not extend to any claim, damages or expenses insofar as the Group or any Leader shall be entitled to be indemnified under any policy of insurance.

Parents/Carer signature _____

Date _____

Full Name _____