

Sheringham & Beeston Regis Sea Scout Group

HEALTH & CONSENT FORM

PLEASE COMPLETE IN BLOCK CAPITALS

(Please read Guidance Notes overleaf)

Personal details

Full name of participant _____ Date of birth _____
Address _____ Post code _____
e-mail address _____ Religion _____
Tel No. _____ (day) _____ (eve) _____ (mob) _____
National Health No. _____ Passport No. _____ EUHIC No _____

Medical details

Doctors name _____ Tel No. _____
Surgery address _____ Post code _____

Has the participant been in contact with any infectious diseases within the last 3 weeks? _____

Date of last tetanus immunisation _____

Medications currently being taken: _____

Medicines must be stored and transported in their original dispensing packaging. Provide only sufficient for the period of the event. Each medication should have the name of the participant clearly marked with the dosage to be taken.

Does the participant have any allergies to food, medicines or other? YES / NO If yes please list _____

Does the participant have any special needs? YES / NO If yes please list _____

Can the participant swim 50 metres and tread water? YES / NO

Next of Kin / Legal Guardian information

Name _____ Relationship to participant _____
Address (if different to above during event) _____ Post code _____ Dates _____ to _____
Tel No. _____ (day) _____ (eve) _____ (mob) _____

Authorisation

Are there any medications that can be purchased "over the counter" which you do not wish the participant to be offered? YES / NO

If yes, please list _____

The participant may / may not bathe under careful supervision. *Please delete as applicable*
The participant may / may not be photographed. Photographs may / may not be used for promotion. *Please delete as applicable.*
The participant may / may not receive a blood transfusion. *Please delete as applicable.*

I give my consent for _____ (name of Participant) to take part in _____ and understand that the event and activities will be run in accordance with the rules and guidelines of The Scout Association. The Leaders will not be liable for any loss or damage to personal equipment or funds which belong and are the responsibility of participants. I understand that the Event Leader reserves the right to send any participant home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge of the event to sign on my behalf any document or consent required by the medical authorities.

Signed _____ Parent / Guardian Date _____

If the details submitted on this form change you are asked to notify the changes before the event to the Leader in charge, and if the changes occur during the event to notify the designated Home Contact..