

## FAMILY CAMP 2019 - MEDICAL FORM, PERMISSION TO CAMP & SHOOTING PERMISSION

Complete sections as fully as possible. It will be used by medical authorities to decide appropriate treatment, in the event emergency treatment is required.

Cub/Scout/YL Forename	Cub/Scout/YL Surname	Date of Birth	NHS Number
Family Doctor (GP) Name	Family Doctor Address inc. Post Code		Family Doctor Telephone

### Emergency Contact(s): Please give details of dates, addresses & all contact numbers while your Child is at camp

Name(s)	Address(es)	Telephone Landline(s)	Mobile(s)

### Medical Treatment Permission

I give permission for Leaders to administer the following medicines in accordance with manufacturers dosage instructions if, in their opinion, it is considered to be required. \*Records are kept if any of the following is administered to your child during the camp

Medicine	Details	Yes*	No
Calpol® (under 12yrs)	Calpol "SixPlus" Sugar Free suspension sachets paracetamol ( <a href="http://www.calpol.co.uk">www.calpol.co.uk</a> )		
Paracetamol Tablets (over 12yrs)	Paracetamol tablets		
Piriton®	Piriton Syrup or tablets ( <a href="http://www.piriallergy.com/piri-range/piriton.aspx">www.piriallergy.com/piri-range/piriton.aspx</a> )		
Imodium® and/or Dioralyte™	Imodium tablets ( <a href="http://www.imodium.co.uk">www.imodium.co.uk</a> ) (over 12yrs) or Dioralyte ( <a href="http://www.dioralyte.co.uk">www.dioralyte.co.uk</a> )		

### Emergency Medical Treatment

If it becomes necessary that the above-named child needs to receive medical treatment, I hereby give my general consent to any necessary medical treatment and authorise the Scout Leader (or in their absence, one of the assistant Scout Leader(s)) to sign any document required by any medical authorities.	Yes	No
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NOTE: The medical profession takes the view that a Parent's consent to medical treatment cannot be delegated. This view is explicit in Childrens Act 1989. Thus, medical consent forms have no legal status. A Doctor/Nurse has the right to insist on the consent of the Parent/Guardian. Therefore, we do not insist on Parents signing the statement above. 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 the medical authorities.

I undertake to inform the Cub/Scout Leader if any of the information given on this form changes prior to the camp.	Yes	No
Has your child has a Tetanus injection within last 10 years?	Yes	No

### Conduct at Camp

I have ensured that my child understands that it is important for their safety and for the safety of the group that any rules and instructions given by the Leaders / Instructors are obeyed.	Yes	No
I acknowledge that the Camp Leader reserves the right to send anyone attending the camp home at any time of day or night in the case of poor or dangerous behaviour.	Yes	No
I will make sure that no unauthorised items will be taken to the camp and ensure my child knows what these items are. <i>Unauthorised items include: - knives, alcohol, tobacco items, matches, fireworks, aerosols, inflammable liquids, explosive items, money, battery operated items (with exception of watch/small torch) e.g. mobile phones, radio's, iPods, iPhones, iPads, computer games etc.</i>	Yes	No
If my child does take any unauthorised items, I am aware that they will be sent home.	Yes	No
I understand that NO responsibility for personal equipment, clothing and effects can be accepted by the Cub/Scout Leaders. The Scout Association and Pinkneys Green Scout Group does NOT provide automatic insurance cover for such items.	Yes	No

Health (continue overleaf if required)	If nothing entered, CIRCLE "None Taken" or "None Known"		
Medicines Details of any medicines/treatments currently being taken/followed & specialist and/or Hospital concerned if appropriate.	Container(s) should be marked with name, dosage regimen & given to Leader		None taken
Allergies Any allergies & details of any precautions/remedies (hay fever, penicillin, etc.)			None known
Asthma Any respiratory condition & details of any precautions/remedies	Max number of puffs prescribed per day		None known
Dietary Sensitivities Any dietary sensitivities & details of any precautions/remedies (e.g. nuts, no pork, other food groups etc). <b>Please supply own food if special diet required for the camp</b>			None known
Disabilities/Sensitivities Any disabilities/sensitivities (e.g. bed-wetting etc)			None known

### Target Rifle Shooting Permission

I, being the parent/guardian of the person named above, declare that they are <u>not</u> subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for the above named person to take part in the Scout air rifle shooting.	Yes	No
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I give permission for my child, named above, to attend the Family Camp at Stubbings Nursery from 6th-8th September 2019.

Name of Parent/Guardian	Relationship to Child
Signature	Date