



CAMP / EVENT HEALTH & INFORMATION CONSENT FORM

The parent/guardian should complete all parts of the form legibly in black ink and return to the Leader

Event Name	Colditz 2015	Event Date	11th / 12th July 2015		
Personal Information		Medical			
Surname		National Health No			
First names		Date of last tetanus			
Date of birth		Doctors name			
Home address		Doctors address			
Post code		Doctors telephone number			
In the event of an emergency during the event– contact details		Has your child been in contact with any infectious diseases in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact name		If yes please give details:			
Relationship		Is your child receiving any medical treatment at the moment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		If yes please give details:			
		Does your child suffer from the following?			
Telephone number day		Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hay fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone number evening		Chest complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fits or faints	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact name		Wheezing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or joint problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship		Migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		Is there any other information we need to know about your child's Health and Wellbeing?			
Telephone number day		Does your child have any specific dietary requirements?			
Telephone number evening					
Emergency Permission		Allergies			
By ticking this box I authorise any leader to give permission to the doctor to undertake whatever treatment is considered necessary for my child. <input type="checkbox"/>		Does your child have any allergies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed:		If yes please give details:			
Date:					
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.					
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 trip organisers and The Scout Association does not provide automatic insurance cover in respect to such items. I understand that the Trip Leader reserves the right to send any participants home if necessary					
By ticking this box I give permission for my child to attend this event <input type="checkbox"/>					
Signed:					
Date:					

Please complete the following ID card and ensure you have it at all times whilst on site.

Colditz Challenge ID Card	
Firstname(s)	
Surname	
Troop	
Team Number	
Medical Details	
Next of Kin	
Leader	
<i>Photo</i>	
<p>Colditz Challenge Emergency Procedures 2015 Walk west until you find a track, turn right and continue up the hill - the camp site will be on the left. Do not cross any roads or fences. If this isn't possible then call Chris Weller on 07799 410405. If this isn't possible then stay where you are and use you whistle (6 blasts every minute, continue until help has arrived with you).</p>	