

**CONSENT AND HEALTH INFORMATION FORM FOR  
ACTIVITIES AND CAMPS**



***THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY***

Young Person's Full Name:	Date of Birth:
	Religion:
Home Address:	
Telephone number :	
Parents/carers names and mobile numbers:	

<b>NAME OF ACTIVITY</b>	
<b>For this activity the emergency contact will be</b> (please specify if <b>different</b> to above)	
Emergency Contact Name:	Relationship:
Emergency Contact Address:	
Telephone Number(s):	

<b>MEDICAL INFORMATION</b>		
Doctors Name:		
Doctors Address:		
Telephone No (day):	Telephone No (night):	
<b>HEALTH INFORMATION (It is important to complete this as fully as possible)</b>		
	* delete as necessary	<b>Give details to "YES" answers.</b>
Are there any medical or health reasons why he/she should not take part in the activity?	*NO/YES	
Has he/she been in contact with any infectious illness in the last 6 months?	*NO/YES	
Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS, EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY?	*NO/YES	
Is he/she taking any form of regular medication?	*NO/YES	
Is he/she allergic to ANTIBIOTICS, PLASTERS or any other MEDICINES or FOOD?	*NO/YES	
Are there any special DIETARY needs?	*NO/YES	
Date of his/her last ANTI-TETANUS injection (if known).		

<b>CONSENT (To be completed by parent/guardian)</b>	
I hereby agree to my son/daughter taking part in the above named activity	
Should the necessity arise and I can not be contacted by telephone or any other practical means to authorise urgent medical treatment to the above named. I hereby give my general consent to the Scouter in charge to authorise the medical authorities to give any necessary medical treatment.	
I understand that the above named will need their own Insurance Cover against damage or loss of <b>personal</b> effects.	
I consent to the taking of and distribution of any photographic material from this activity (* delete if not applicable).	
Signature:	Dated: