

NOMAD EXPLORER UNIT

CONSENT AND HEALTH FORM

NAME OF CUB/SCOUT/EXPLORER: _____ MALE / FEMALE* DATE OF BIRTH: _____

EVENT: _____ DATE: _____ VENUE: _____

LEADERS IN CHARGE: Colin Marshall, Dave White

CHILD'S HOME EMERGENCY CONTACT DURING THE EVENT:

NAME
ADDRESS

TEL No

CHILD'S DOCTOR'S INFORMATION:

NAME
ADDRESS

TEL No

NATIONAL HEALTH NUMBER: _____

HAS S/HE BEEN IN CONTACT WITH ANY INFECTIOUS DISEASES WITHIN THE LAST 3 WEEKS PRIOR TO THE EVENT? (IF YES, PLEASE GIVE DETAILS)

MEDICINES CURRENTLY BEING TAKEN: _____

DATE OF LAST TETANUS IMMUNISATION: _____

DOES S/HE HAVE ANY ALLERGIES TO FOOD, MEDICINES OR OTHER? IF SO PLEASE GIVE DETAILS: _____

ARE THERE ANY ITEMS OF GENERAL FIRST AID THAT YOU DO NOT WISH YOUR CHILD TO HAVE? (E.G. PLASTERS, SUN CREAM, ANTISEPTIC CREAM)

DOES S/HE HAVE ANY SPECIAL DIETARY NEEDS? _____

DOES S/HE HAVE ANY OTHER SPECIAL NEEDS? _____

ADDITIONAL INFORMATION THE LEADERS IN CHARGE SHOULD HAVE? _____

S/HE CAN SWIM 50 METRES AND TREAD WATER - YES / NO*

S/HE MAY BATHE/CANOE UNDER THE SUPERVISION OF QUALIFIED OR AUTHORISED INSTRUCTORS – YES / NO*

IF IT BECOMES NECESSARY FOR MY SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT AND I CANNOT BE CONTACTED BY TELEPHONE OR ANY OTHER MEANS TO AUTHORISE THIS, I HEREBY GIVE MY GENERAL CONSENT TO ANY NECESSARY MEDICAL TREATMENT AND AUTHORISE THE LEADERS IN CHARGE OF THE EVENT TO SIGN ANY DOCUMENTS REQUIRED BY THE HOSPITAL AUTHORITIES.

I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO TAKE PART IN THIS EVENT AND I UNDERSTAND THAT THE LEADERS IN CHARGE RESERVE THE RIGHT TO SEND ANY PARTICIPANTS HOME IF NECESSARY.

SIGNATURE _____ (PARENT/CARER) DATE _____

(* Please delete as appropriate)

Note: The medical profession takes the view that a 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 particular treatment has the right to do so. For this reason, it is not recommended that Leaders insist on parents signing the statement above. At the same time, 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.