

Scout Association – Isle of Man MEDICAL & ACTIVITY FORM



Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the child Act 1989 (UK). 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 we do not recommend that Leaders insist on parents signing the statement below. 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 Associations safety rules. No responsibility for personal equipment / clothing and effects can be accepted by the camp organisers or the Association. The Scout Association does not provide automatic insurance cover in respect of such items.

Full Name	
Address	
Telephone	
Age & Date of Birth	
Scout Group	

To be completed by your Parent or Guardian:

National Health No. (very important)	
Date of last Tetanus Immunisation	
Regular Medicines being taken	
Food / Medicine Allergies	
Special Dietary Needs	
Can he / she swim 50 metres and tread water?	
I give permission for him to undertake these supervised activities	Swimming Yes No Canoeing & Rafting Yes No (please cross out not applicable)
Name & Address of Doctor	
During the Camp I can be contacted in an emergency at	Daytime: Evening:
Any other information we should be aware of:	
I understand that if it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the camp to sign any document required by the hospital authorities (see note above).	
Signature of Parent / Guardian	
Date	

This form will be destroyed after the completion of the Camp.

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