

# MEDICAL FORM



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**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 Scout Group. The Scout Association does not provide automatic insurance cover in respect of such items.

<b>Full Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Age &amp; Date of Birth</b>	
<b>Section in Scout Group (please circle)</b>	Sunday Beavers, Thursday Beavers Manannan Cubs, Snaefell Cubs Moddey Dhoo Scouts, Phoenix Scouts Explorer Scouts
<b>Rank (Beaver, Cub, Secondar, Sixer, Scout, APL or PL)</b>	

**To be completed by your Parent or Guardian:**

<b>National Health No. (very important)</b>													
<b>Date of last Tetanus Immunisation</b>													
<b>Regular Medicines being taken</b>													
<b>Food / Medicine Allergies</b>													
<b>Special Dietary Needs</b>													
<b>Can he / she swim 50 m. and tread water?</b>													
<b>I give permission for him /her to undertake these supervised activities (if they are available on this camp / Expedition)</b>	<table border="0"> <tr> <td>Swimming</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Canoeing/Sailing</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Climbing/Abseiling</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Shooting/Archery</td> <td>Yes</td> <td>No</td> </tr> </table>	Swimming	Yes	No	Canoeing/Sailing	Yes	No	Climbing/Abseiling	Yes	No	Shooting/Archery	Yes	No
Swimming	Yes	No											
Canoeing/Sailing	Yes	No											
Climbing/Abseiling	Yes	No											
Shooting/Archery	Yes	No											
<b>Name &amp; Address of Doctor</b>													
<b>During the Camp I can be contacted in an emergency at</b>	Daytime: Evening:												
<b>Any other information we should be aware of:</b>													
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).													
<b>Signature of Parent / Guardian</b>													
<b>Date</b>													

This form will be destroyed after the completion of the Camp or Expedition it was intended for.