

2nd Onchan Scout Group

CONTACT / MEDICAL & ACTIVITY PERMISSION FORM



Full Name	Known as		
Address Postcode	Date of Birth		
	Beaver <input type="checkbox"/> Cub <input type="checkbox"/> Scout <input type="checkbox"/>		
	National Health No.		
	Date of last Tetanus Immunisation		
Emergency Contact 1		Emergency Contact 2	
Name		Name	
Relationship to the member		Relationship to the member	
Address if different from above		Address if different from above	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Medical Details			
Doctor		Telephone	
Surgery Address		Postcode	
Dietary Needs			
Medical Information			
Any other Information we should be aware of			
Can he / she swim 50 m. and tread water?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give permission for him / her to undertake these supervised activities <small>(if they are available on this activity or camp)</small>		Swimming	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Canoeing/Sailing	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Climbing/Abseiling	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Shooting/Archery/Axe Throwing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Data Protection As a registered Data Controller, The Scout Association is committed to the Data Principles of the Data Protection Act 1998. By signing this form, I agree to the Scout Association during and beyond my child's involvement with the organisation: a) Retaining personal data to facilitate any present or potential future involvement with Scouting; b) Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences c) Allowing access to personal data to appropriate individuals within the hierarchy of Scouting.		Activities: 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. 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.	
Signed by Parent or Guardian		Date	
Please return this completed form by the date requested. <small>Forms are destroyed after the activity or camp they are used for.</small>			