

# NIGHT AWAY MEDICAL AND CONSENT FORM

This section to be completed by the parent / guardian of the named child. It gives authority for the camp leader or their deputies to sign any papers required by the medical authorities in case of emergency, or to act on your behalf to permit an operation in the case of emergency treatment, if Delay in contacting you might cause deterioration in the medical condition of your child.

PLEASE PRINT IN BLOCK CAPITALS

**Childs Name:**

**Date of Birth:**

Will be attending the night's away event on the following dates: \_\_\_\_\_ and the following information is provided for the benefit of the camp leader.

**NHS No:**

Are their Tetanus boosters up to date? **Yes/No**  
(Given as part of the 4 in 1 Pre School Booster for under 14s  
Given as part of the 3 in 1 Teenage Booster for over 14s)

Medicines Currently Being Taken:

Is your child allergic to anything e.g. aspirin / penicillin / antibiotics / plasters or any particular food? (e.g. nut allergy) if so please give details.

Allergies:

Does he / she have any special dietary needs?

Dietary Needs:

## FAMILY DOCTOR

**Doctor Name:**

Doctor's Address:

Postcode:

**Phone No:**

I will inform you if my child has been in contact with any infectious diseases prior to the camp.

The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated and so may attempt to contact parents/carers before a particular treatment. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or

any other means "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 / medical authorities"

Parents / Guardians Signature

Date:

Name Printed

Parent / Guardian Address

Postcode:

Telephone

Please give details of any other emergency contacts or any other information that you feel may be useful to the leaders on an the back of this form.

## MINOR AILMENTS

All our leaders are first aid trained but a named leader will be our nominated first aider for this event. Should you have anything you would like to speak to them about concerning your child, please do not hesitate to contact us before we leave.

During Scouting Activities the adult leaders act in loco parentis. This means that we are permitted to treat scouts for minor illnesses i.e. headache, sun burn, insect stings etc as we would our own children.

To enable us to do this we carry the following medications in the first aid kit:

- Anthisan or equivalent for bites and stings
- Piriton / Benadryl or equivalent for allergic reactions (tablets & liquid form)
- Kaoline and morphine / Diacalm or equivalent for diarrhoea
- Calpol / Paracetamol/ children's Nurofen or equivalent for headaches etc. (tablets & liquid form)
- Witch hazel / tcp / Savlon wound wash or equivalent for cuts
- Sudocream, E45 or similar
- Optrex, eyewash
- Lemsips, Cough medicine, Strepsils, lozenges etc

Any medication is always a last resort.

If you have any queries or do not want your child to be given any of these medications please let us know by either crossing them out on this sheet or making a note by them. Otherwise please sign below to confirm that you are happy for your child to be given these medications in the unlikely event that it becomes necessary.

I confirm that ..... can be given the medications listed above should it become necessary whilst they are on Summer camp.

Signed .....  
Parent/Guardian

If you would like to send your child with their own supply of medication i.e. Calpol or antihistamines etc because they prefer a certain product, please label the box and hand it in to our nominated first aider.

We do not allow Scouts to self-administer Paracetamol type products due to the danger of overdose. The item will be stored in the medicine chest until needed.

Our nominated first aider will also look after any prescribed medications where necessary and ensure they are taken at the relevant times if your Scout is not happy looking after their own medication. Please label all prescribed medicines with your child's name and hand in to our nominated first aider.

If your Scout uses an inhaler, we recommend that you send a spare one in case they lose their primary inhaler. The spare one will be kept in the first aid kit

### ACTIVITY CONSENT

We need specific consent from parents for young people to participate in some activities. This is a generic form so it may be worth checking with leaders which activities will be run during this event.

### ACTIVITY CONSENT - TARGET SHOOTING

Written parental permission is needed before a young person can take part in this activity.

- Air rifle shooting
- Clay pigeon shooting
- Rifle shooting
- Air pistol shooting
- Target shotgun shooting (Shotguns on a range)
- Laser clay shooting
- Muzzle loaded pistol shooting
- Sport Crossbow shooting

### Parent or Guardian's consent

I, being the parent/guardian of the young person named above, declare that they are not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have been sentenced to a term of imprisonment or youth custody) and give permission for them to take part in the activities identified above.

Parent or Guardian's Name: .....

Signature: .....

Date: .....

### ACTIVITY CONSENT - WATER ACTIVITIES & SWIMMING

During camp we will be taking part in water activities. It is useful to know how competent a swimmer each Scout is.

I confirm that (*name*)..... can swim when supervised by a competent adult and that that can swim (please put an approximate distance).....

Signed.....

Parent/Guardian

### PICKUP AT END OF CAMP

Please state who is picking your child up from camp:

### CONSENT

This data will be shared with authorised Leaders attending the event for the purposes of safely managing the event. In an emergency, this data will be shared with medical professionals. This form will be securely stored during the event and will be retained for 3 months after the event for any queries or reports of incidents from the event. In addition to the above we need to ask for consent on the following:

- I give consent for the recording of the Special Category Data in this form for the purposes highlighted above.

Photographs and videos taken on camp could be used for Scouting publicity and may be published. When publishing pictures and videos, care is taken to ensure that young people are not identified by name in filenames, captions, dialogue or credits.

- I am happy for photographs and video to be taken and*
- Displayed on the wall in the Scout hall.*
- Displayed on the Scout Group's website*
- Used on the Scout Group's Youtube Channel*