

NIGHT AWAY MEDICAL AND CONSENT FORM

PARENT / GUARDIAN 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 OR DELETE AS APPROPRIATE

Childs Name:

Date of Birth:

Will be attending the nights away event on the following dates: _____ and the following information is provided for the benefit of the camp leader.

NHS No:

Date Of Last Tetanus Immunisation:

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:

PICKUP AT END OF CAMP

Please state who is picking your child up from camp:

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.

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 the back of this form.

CONSENT

This data will be shared with the Leaders attending the event for the purposes of safely managing the event. We do not share data with third parties without your permission. It will only be accessed by authorised individuals within the Scout Group.

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 to be taken and used on the Scout Groups website & displays on the hall wall.
- I am happy for photographs and video to be taken and used on the Scout Groups Youtube Channel.