

ROWBOATING OFFROAD CYCLING POT HOLLING PONY TREKING SAILING SCRAMBLING SCUBA DIVING
 AG LIDING PARASCENDING POND BUILDING ROWING SAILING SCRAMBLING SCUBA DIVING
 H BALL QUAD BIKING RAFT BUILDING ROWING SAILING SCRAMBLING SCUBA DIVING
 LLING SHOOTING SINGLE PITCH CLIMBING SKIING SNORKELLING SNOWBOARDING
 REETS SPORTS SUBAQUA SURFING SWIMMING WATERSKIING WHITE WATER RAFTING
 R FING ZORBING ABSEILING AERIAL RUNWAY ARCHERY BALLOONING BANDS BOULDER



HUMBERSIDE SCOUTS

CUB HIKE CHALLENGE

HEALTH FORM - YOUNG PERSON

Full Name:		Date of Birth:
Date of last Tetanus injection:	Scout Group:	National Health Service Number
Parent/Guardians Address During the Event: Post Code: Telephone: Mobile:		Family Doctors Name and Address: Telephone:

- I hereby give permission for my child to attend the Cub Hike Challenge at Raywell Park on 30 September 2017
- I understand that the Leader in charge reserves the right to send any participants home if necessary.
- I will inform a Leader if any of the information given on this form changes before the event takes place.
- If it becomes necessary for my child to receive medical treatment **and I cannot be contacted by telephone or any other means to authorise this**, I hereby give my general consent to any necessary medical treatment and authorise the Leader in Charge named above (or in their absence one of the assistant leaders named above), to sign any document required by the hospital authorities.

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the medical treatment statement above. 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.

Name of Parent/Guardian:	Relationship to Young Person:
Signature:	Date:

In the space below please give details of the following:-

1. Any known Infectious Diseases with which your Child has been in contact within the last three weeks.
2. Any known Allergies/Sensitivities/Disabilities and details of any known precautions/remedies (eg Penicillin, Food Colourings, Bed-wetting, Asthma)
3. Details of any Medicines/Diets/Treatments currently being taken/followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines etc).

(If he/she has to take any Medicines, these should be clearly labelled with name and exact dosages, and should be handed to their Group Leader)

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Photographs and Video

The photographs, video or audio that are taken will be used in connection with Scouting publicity. We will not publish any address of any young people in captions associated with the photographs, video or audio. It would be very helpful if you can confirm that you are content for the pictures, video or audio to be used in publicity material by signing the form below. Many thanks for your assistance. This is to confirm that I have no objections to the photographs, video or audio taken at the activity above and used for Scouting purposes only.

Signature of Parent/Guardian:	
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