RAYWELL PARK - WORK DAY

HUMBERSIDE SCOUTS

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 Camp:**	Family Doctors Name and Address:
....	....
....	....
Post Code:	....
Telephone:	
Mobile:	Telephone: ....

- I hereby give permission for my child to attend the Explorer Sleep Over and Raywell Park Work Day taking place at Raywell Park between 18- 20 August 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 or Assistant Leader in Charge of my group (or if necessary, one of the event management team), 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

....

....