

## Scouts Speak Up

### Permission and Health Form

PLEASE COMPLETE IN BLOCK CAPITALS.

Name of Young Person		Date of Birth	
Scout District		Explorer Unit	

On occasions, photographs, videos and audio of events may be submitted to the media, newsletters, websites or put on display. If you have any objections, please indicate you are not willing for your child's image to be used in this way by placing a 'X' in the box ☐

Parent or Guardian		Family Doctor	
Address & Postcode		Name of GP	
Telephone		Address & Postcode	
Mobile		Telephone	

Leaders have a duty of care equivalent to that of a responsible guardian. They are often required to carry medications for young people, and sometimes need to administer them too. Please sign in the appropriate boxes for the ones you provide consent to be given as per the packet instructions.

Antihistamine		Paracetamol	
Ibuprofen		Plaster(s)	

Date of Last Tetanus Injection	
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Please provide details of any content with infectious diseases within the past three weeks.

Please provide details of any medical problems, allergies or special needs.

Please provide details of any regular medications currently being taken.

These should be clearly labelled and handed to the designated first aider on your arrival.

If it becomes necessary for the young person to receive medical care and I cannot be contacted to authorise this, I hereby give my general consent to treatment and ask the leadership team to sign any documentation required by the hospital or emergency services.

Signed		Print Name	
Relationship to Young Person			
Date			

All activities will be run in accordance with The Scout Association's (TSA) safety rules and safeguarding policies. No responsibility for the personal equipment/clothing and effects can be accepted by the organiser and TSA does not provide automatic insurance cover in respect to such items.