Nights Away
Health Information Form

This "Health Information Form" has been designed so pages 1 and 2 can be re-used for future "Nights Away" events. These pages will be returned to you when your child returns from the event. Please keep them so that they can be re-submitted for the next event.

Any forms that are not collected after the event will be destroyed and a new form will need to be submitted for the next "Nights Away" event.

For each "Nights Away" event, the parent or guardian of the attending child will be required to confirm that all details on pages 1 and 2 are correct for the period of time that the event covers. If there are any additions these need to be written in the appropriate place. **If there are any changes (particularly to medication) a new form must be filled in, to avoid any risk of confusion.**

The parent or guardian of the attending child will then be required to sign and date page 3, which will be issued for the relevant "Nights Away" event for which their child is attending, confirming that all details are correct and accurate for the period of that particular event.

The parent or guardian of the young person named below must fill in all the following sections.

Please answer the following questions as fully as possible, as in the event of your child requiring emergency treatment, it will help the medical authorities to decide the most appropriate treatment.

(Please complete in BLOCK CAPITALS)

Surname:	Date of Birth :
Forenames :	National Health Service Number :
	Date of Last Tetanus Injection:

Parent/Guardian Name.....

Email Address.....@.....

Relationship to child attending .....

Parent/Guardian Name.....

Email Address.....@.....

Relationship to child attending .....

Family Doctors Name: .....

Address: .....

.....

.....

Telephone: .....

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

Scouts

Health Information Form

The Camp/Holiday Leader (or in their absence one of the assistant Camp/Holiday leaders named.) may administer the appropriate minor treatment/precautions (please state what medication may be given below) if required.
Specific medication must be entered, ie Paracetamol, Calpol.

Headache * .....

Stomach Upset * .....

Cuts & Grazes * .....

Colds etc *.....

* If no treatment is stated we are unable to administer any type of medication.

In the space below please give details of the following:-
Any Known Infectious Diseases with which your child has been in contact within the last three weeks:
(e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.

.....
Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies:
(e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

.....
Details of any medicines/diets/treatments currently being taken/followed:
Include dosage details, the specialist and hospital concerned if appropriate. Please include any non prescription preparations such as cough sweets, herbal medicines).

(If your child has to take any medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages. They should be handed to the Camp Leader/First Aider before departure.)
.....
Any specific dietary requirements:

.....
Any other requirements that you feel we should be aware of:
(eg travel sickness, habits etc)

.....

Please continue on a separate sheet if required (Remember to include your child(s) name on any separate sheets and attach them securely to this form)

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Scouts

Health Information Form

Nights Away Event:
Summer Camp 2013 – Jersey

Camp/Holiday Location: Jersey Scout Centre
La Grande Route des Mielles
St Ouen
Jersey
JE3 2FN

Event Date:
18th to 25th August 2013

Contact Details

Event Leader : Chris Margetson. 07581 377797

Assistant Leader: George Yeo. 07986 965992

Assistant Leader: Giles Plumb. 07759 943190

Cub Leader: Helen Botwood: 07527 392304

Venue Contact Details: Jersey Scout Centre 01534 486935

Note: *All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.*

I hereby give permission for Name of child: to attend the Nights Away Event above. I also give permission for him/her to take part in all the activities arranged according to the programme, any water based activity (swimming pool or the sea). Also any activities that might be arranged if a change of circumstances require it. (see note above)

I have checked that all contact details on pages 1 and 2 are correct and that all medication and medical details are accurate.

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 Camp/Holiday leader named above (or in their absence one of the assistant camp/holiday leaders named above), to sign any document required by the hospital authorities.

Name of Parent/Guardian *

Contact details during Event:

Address:

Telephone:

Mobile 1:

Mobile2:

Signature *

Date *

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