



Gradbach Scout Camp

Border Hike Committee

HEALTH & CONSENT 2023

PLEASE COMPLETE IN BALL POINT PEN IN BLOCK CAPITALS. DELETE STARRED * ITEMS AS APPROPRIATE.
 NOTE: *Under the General UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018, we have a legal duty to protect any information we collect from you. Information contained in this form and any attachments may be privileged or confidential and intended for the exclusive use of the original recipient. THIS INFORMATION WILL BE DESTROYED AFTER THE HIKE. A form MUST be completed for every participant by the Parent or Guardian, to allow them to participate in the hike.*

Date :- **Border Hike and John Bradbury Trophy 22nd to 24th September 2023**

<p>The Young Person attending the event is:</p> <p>Surname: _____</p> <p>First Names: _____</p> <p>Address: _____</p> <p>_____</p> <p>Date of Birth: _____ Gender: _____</p> <p>National Health No. (if known): _____</p> <p>Date of last anti-tetanus injection: _____</p>	<p>Parent/Guardian's or Next of Kin's contact details for the duration of the event:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Tel. Home: _____</p> <p>Tel. Mobile: _____</p> <p>Tel. Work: _____</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Tel. Home: _____</p> <p>Tel. Mobile: _____</p> <p>Tel. Work: _____</p>
<p>Name and address of family doctor:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____</p> <p>Tel. _____</p>	<p>Does the Young Person have any Food Allergies * YES/NO If YES please detail on the rear of the sheet.</p>
<p>PLEASE INDICATE YOUR CONSENT FOR THE LEADERS/FIRST AIDERS TO MAKE THE FOLLOWING MEDICINES AVAILABLE SHOULD THEY BE REQUIRED, IN ORDER THAT HE/SHE MAY EITHER BE ADMINISTERED A DOSE OR SELF-ADMINISTER A DOSE WITH LEADER SUPERVISION:</p> <p>Paracetamol (i.e. Calpol/Tablets) * YES/NO</p> <p>Ibuprofen (not for asthmatics) * YES/NO</p> <p>Antihistamine medication (for allergic reactions) * YES/NO</p> <p>Insect bite/sting cream (i.e Waspeze, Anthisan) * YES/NO</p> <p>Fabric Plasters * YES/NO</p>	<p>Parent/Guardian Agreement is required.</p> <ul style="list-style-type: none"> I hereby give my permission for my son/daughter (as named above) to attend the above event I understand that my son/daughter will be the responsibility of Their Leaders during the event and I give my consent for them and the First Aiders to administer the medication as agreed above, at their discretion. In the event of an emergency relating to my son/daughter, I understand that the leaders will attempt to contact me as soon as possible. However, in the event that I cannot be contacted, I authorise the Leaders/First Aiders to sign on my behalf any written form of consent required by the hospital authorities in the event of emergency medical treatment being necessary. I understand that all activities will be run in accordance with the Policy, Organisation and Rules of the Scout Association and will therefore be run by appropriately qualified personnel. I also understand that photographs/video may be taken during the event for promotional purposes therefore if I have an objection to son/daughter being photographed I shall confirm this to the leaders in writing. All information provided on this form is correct and up-to-date to the best of my knowledge.
<p>Do you have any medical conditions such as the following:</p> <p>Diabetes ___ Epilepsy ___ Asthma ___ Heart Condition ___</p> <p>Allergies _____ Access to a Epi Pen * YES/NO</p>	<p>Signed: _____ (Parent/Guardian)</p> <p>Date: _____</p>
<p>Please provide details of any medication currently being taken: If not applicable, please write 'NONE'</p> <p>_____</p> <p>Does the participant self-medicate? * YES/NO</p> <p>Medication: Please label participant's medication with their name & provide clear instructions for its use (whether or not they self-medicate, dosage etc).</p>	<p style="text-align: center;"><u>PLEASE CONTINUE DETAILS ON REVERSE IF REQUIRED</u></p>