



# Gradbach Scout Camp Border Hike Committee

## HEALTH & CONSENT 2018

PLEASE COMPLETE IN BALL POINT PEN IN BLOCK CAPITALS. DELETE STARRED \* ITEMS AS APPROPRIATE.  
NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WILL BE DESTROYED AFTER THE HIKE. Details may be continued overleaf or on separate pages if necessary

**A form must be completed for every participant by the Parent or Guardian.**

Date :- **Border Hike and John Bradbury Trophy 21st to 23rd September 2018**

The Young Person attending the event is:

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \* Male/Female

National Health No. (if known): \_\_\_\_\_

Date of last anti-tetanus injection: \_\_\_\_\_

Name and address of family doctor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel. \_\_\_\_\_

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:

Paracetamol (i.e. Calpol/Tablets)	* YES/NO
Ibuprofen (not for asthmatics)	* YES/NO
Antihistamine medication (for allergic reactions)	* YES/NO
Insect bite/sting cream (i.e. Waspeze, Anthisan)	* YES/NO
Fabric Plasters	* YES/NO

Do you have any medical conditions such as the following:

Diabetes \_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Heart Condition \_\_\_

Allergies \_\_\_\_\_ Access to a Epi Pen \* YES/NO

Please provide details of any medication currently being taken: If not applicable, please write 'NONE'  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant self-medicate? \* YES/NO

**Medication:** Please label participant's medication with their name & provide clear instructions for its use(whether or not they self medicate, dosage etc).

Parent/Guardian's or Next of Kin's contact details for the duration of the event:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel. Home: \_\_\_\_\_

Tel. Mobile: \_\_\_\_\_

Tel. Work: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel. Home: \_\_\_\_\_

Tel. Mobile: \_\_\_\_\_

Tel. Work: \_\_\_\_\_

### Parent/Guardian Agreement is required.

- 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.

Signed: \_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_\_

**PLEASE CONTINUE DETAILS ON REVERSE IF REQUIRED**