



Holy Name Scout Group Information Form

(Please complete in BLOCK CAPITALS)

Surname

Date of Birth

Forenames

Postcode

Date of joining Scout Group:

School

NHS No

Religion

Ethic Origin (optional):

He/She can swim 50m and stay afloat for 5 minutes in light clothing. Yes No
He/She can swim under careful supervision Yes No
Stage of swimming (Non Swimmer/Beginner/Poor/Average/Good)*please delete

Home Address:
.....
.....
.....
Telephone.....

In Case of Emergency Contact 1 Name and Address:
.....
.....
Telephone.....
Mobile Phone.....
Relationship.....

Scouts Email Address:
.....
Scouts Mobile Phone:

Parents Email Address:
.....
Parents Mobile Phone:

In Case of Emergency Contact 2 Name and Address:
.....
.....
Telephone.....
Mobile Phone.....
Relationship.....

In Case of Emergency Contact 3 Name and Address:
.....
.....
Telephone.....
Mobile Phone.....
Relationship.....

Doctors Name: Telephone:
Address :
Date of last Tetanus Injection

The information contained on this Form will be kept securely and in confidence by HN Scouts and will only be used by the Leaders and designated First Aiders.

**Please inform the Scout Leader if any of the information given on this form changes.
This form will otherwise be held to be valid.**

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.

The appointed Scouter or First Aider will give minor Medical treatment. If it becomes necessary for my child to receive more serious medical treatment (e.g. at Doctor or Hospital) 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 Event Leader or Event First Aiders to sign any document required by the hospital authorities.

I give my permission for my son / daughter to appear in photos taken at meetings and District Events and Activities which may then appear on the Holy Name Scouts website www.ourladyofkirkstall.org.uk/scouts or other scouting media. Full names will never appear on the website but if you don't want your son / daughter to ever appear please delete this paragraph.

Name of Parent/Guardian

Relationship to Young Person

Signature

Date

The Leaders, designated First Aiders (or in their absence one of the assistant Leaders) may administer the appropriate minor treatment/precautions (as listed below) if required. Please delete any you do NOT want your son / daughter to receive or indicate any known adverse reactions.

Headache: - Calpol 6+ or Paracetamol tablets or Similar Over The Counter Products

Stomach Upset: - Gaviston tablets or liquid or Similar Over The Counter Products

Cuts & Grazes: - Plasters or Similar Over The Counter Products

Colds etc.: - Calpol 6+ or Paracetamol or Similar Over The Counter Products

Sunburn, Nettle Rash etc: - Calamine lotion or Similar Over The Counter Products.....

Insect Bites or Allergic Reactions: - Waspeze, Anthisan cream or Piriton or Similar Over The Counter Products.

Muscle Strain, Twisted Joints etc (if no hospital visit deemed necessary): - Paracetamol or Ibuprofen.....

In the space below please give details of the following: -

- Any Known Allergies/Disabilities including behavioural and learning difficulties and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma, Hayfever, Nosebleeds etc.)
- Any special dietary requirements / food allergies / forbidden foods (e.g. Vegetarian etc)
- 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).
(If He/She 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, and should be handed to the First Aider)

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Please continue on a separate sheet if required (Please remember to include your son / daughter's name on any separate sheets)

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 above. 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.

I give my permission for my son / daughter to take part in the weekly Thursday night meetings in the Holy Name Church Hall and also any Thursday meetings and activities that take place outside the hall, including walks and organised visits. I will be asked to complete separate forms for camps and nights away events as well as other organised trips.