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 A Selfie will Do

Skills For Life, Friends For Life (Explorer) WAP Health Form

Location of Event: Crawfordsburn Scout Activity Centre

Troop / Guide / Group Name

Association

Parents Name

The next section(s) is to be completed by the Parent / Guardian of the young person named below. Please answer the following questions as fully as possible, as in the event of your child requiring emergency treatment, it will help medical authorities to decide what is the most appropriate treatment. (PLEASE COMPLETE IN BLOCK CAPITALS).

Details of Young Person

Surname:

Forename(s) (As on Passport)

Male / Date of Birth:
 Female

Family Doctor's Name and Address

.....

Emergency Contact Details (During the Camp)
 Relationship to Young Person

.....

 Telephone

Telephone

Please Give any Special Dietary requirements. (please give further details)

Other Please give details Lactose intolerant
 Gluten Free Vegan Vegetarian

This form to be completed and returned to NIJAM Admin Team by 24th June 2017 at the very latest either by Post or Email

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Please continue on a separate sheet if required (remember to include your name on any separate sheet and attach securely to this form)

The following information is necessary for the safety of the young people while under the care of the responsible leader. It is important that all relevant information is provided. This information will be kept confidential and will only be shared with the leader(s) in charge as necessary. First Aid Team will be in attendance at the camp if you wish to discuss the needs of the young person.

Please give any medication to the leader in charge of your group for the duration of the camp. Bottle(s) Jar(s) tablets or inhalers should be in a sealed clear bag and labelled with name and the exact dosage required. This medication should be handed to the leader in charge of your group on the first evening of camp.

Please give details of any medicines, dietary treatments currently being taken / followed (including dosage details) including the specialist or hospital if appropriate. Please include any non-prescription preparations, such as cough sweets, herbal medicines, etc

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Does the young person have any medical requirements? Yes No

Please give details:
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Does the child have any allergies, additional needs, behavioral needs or cultural needs that might affect this activity? Yes No

Please give details:
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Does the young person require any personal care to be provided? Yes No

Please give details:
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In the event of the young person requiring simple medical treatment do you give permission for the following medications to be given by the leader in charge?

Paracetamol for fever or pain Yes No
Ibuprofen for fever or pain Yes No

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Chlorphenamine (piriton) an antihistamine for allergies such as hayfever or dust allergies Yes No

Do you give permission for the following treatments to be provided by First Aid to your child in the event of an accident?

Wound cleaning and closure (may require paper stitches, glue or “proper” stitches) Yes No

Lignocaine (a useful local anaesthetic injection to numb the skin if stitches are required) Yes No

Watergel (a cooling treatment for burns) Yes No

Removal of foreign body by forceps from ear or nose Yes No

If it becomes necessary for the named young person to receive medical treatment, and I as the parent and / or guardian 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 Sub Camp leader at NIjam. Or in their absence one of the Assistant Sub Camp Leaders at NIjam , to sign any document required by the hospital authorities.

I will inform the Sub Camp Leader if any of the information given on this form changes before the event takes place.

Name of Parent / Guardian (PLEASE PRINT)
.....

Relationship to Young Person:
.....

Signature Date

In the event of an emergency or an accident where treatment cannot be provided by the First Aid Team on site the child will be transported with a leader to the local hospital for treatment. The parent and / or guardian will be informed.

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