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Young person's
Photo Here
A Selfie will Do

Skills For Life, Friends For Life Scout / Guide Health Form

Location of Event: Crawfordsburn Scout Activity Centre

Association.....

Leader's Name Assistant Leader's 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

Leader in Charge Keep a copy of this form

Surname:

Forename(s) (As on Passport)

National Health Service Number.....

Male / Date of Birth:
Female

Family Doctor's Name and Address

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

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.....
.....
.....

Telephone

Telephone

.....

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

Gluten Free

Vegetarian

Vegan

Lactose intolerant

Other Please give details

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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.

THIS FORM TO BE RETURNED to your Group Leader Before 17th June, NIjam admin must have these forms before 24th June 2017

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
- 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 leader at camp, named above. Or in their absence one of the Assistant Leaders at Camp Name (s) above, to sign any document required by the hospital authorities.

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

Name of Parent / Guardian (PLEASE PRINT)

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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.