



HEALTH FORM



1st Grundisburgh Scouts & Fynn Valley Explorers

THIS INFORMATION WILL BE HELD IN CONFIDENCE

Please read this form carefully and complete all the sections that apply to your child.

Make sure that you sign the activity permission sections as without a signature your child will not be able to take part. This form will be held for one year and will be used at all Scouting events in the future

First Name..... Surname.....

Home Address

..... Post Code.....

Date of Birth..... Home Telephone Number.....

In an Emergency please contact the following person or persons (Parents/Guardian/Partners):

Name..... Relationship to participant.....

Name..... Relationship to participant.....

Address..... Telephone.....

..... Post Code.....

Mobile Number (and Name).....

Mobile Number (and Name).....

Alternative Emergency contacts (NOT MOTHER & FATHER IF AT THE SAME ADDRESS):

Name..... Relationship to participant.....

Name..... Relationship to participant.....

Address..... Telephone.....

..... Post Code.....

Mobile (and Name)..... Mobile (and Name).....

Parents/Guardians/Partners Occupations

This information will be used if we may require anyone who has a certain skill, craft or knowledge of any aspects that the Leaders or Committee do not possess for the benefit of the Scouting Programme or Hut maintenance.

Name..... Occupation.....

Name..... Occupation.....

Doctors name..... Doctors Telephone number.....

Doctors address.....

Date of last Tetanus Injection.....

If applicable: Hospital Consultants name..... Reg. No.....

Hospital.....

..... Hospital Telephone number.....

Other information.....

Is he/she allergic to anything? (i.e. medication, certain foods, nuts, insect bites/stings etc.)

If Yes please give details:

Does he/she have any special dietary needs? (i.e. vegetarian/vegan)

If Yes please give details:

Does he/she suffer from asthma, migraines, fits/faints, nose bleeds, hay fever, diabetes, nervous disorder, or any other illness or disability? **If Yes please give details (also explain any precautions that may well prevent this):**

Is he/she taking any medication? is it self administered? And do they bring the medication with them.

If Yes please give details:

Any medication required at camping events etc, should be given to the Leader-in-Charge or First Aider clearly marked with the young persons name and instructions for use. Inhalers and Epipens should be labelled with their name and Group. These will need to be retained and carried at all times by the participant and a spare given to the Leader-in-Charge or First Aider.

The following medication may be available if required, please circle any of the following which may NOT be given.

Paracetamol (tablets or liquid)

Ibuprofen

Antiseptic Cream

Insect Repellent

Plasters

Sun & Aftersun Lotion

Antihistamine Cream - for bites

Burn Relief Spray

or any others not listed above:

Any further information that you may wish to supply:



Parents Email Address

We are frequently using email to send out updates and information about camps, events etc and do require your email address below. Letters regarding camps and notes will still be given out at the regular meetings. If you do not have an email address - leave this section blank.

The email address can be personal, work related or another family member so that we can get various information to you faster than the weekly meetings.



Your Email: _____



WATER ACTIVITIES



This applies to all Sections – mainly Scouts & Explorers

Some of the Activities that are associated with Scouting can be based on the water such as Canoeing, Sailing, and Rafting. However we are also likely to take members to the local swimming pool for an evening activity or whilst on camp

Parents will be advised if a water activity such as swimming will be appearing in the programme however we still do require a signature below confirming that your child can swim unaided.

If you do not sign then your child can not take part in the activities such as Swimming.

Please tick one box that applies to your child and sign below.

He/She can swim 50 metres unaided

He/She can swim 25 metres unaided

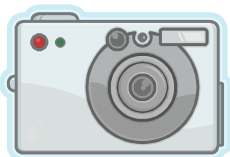
He/She can swim 10 metres unaided

He/She cannot swim unaided at this present time, dated below

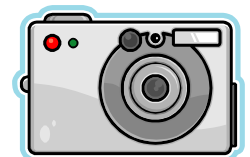
Signed.....

Date.....

Relationship to Participant.....



Photographs



Photographs are often taken at camp and events to promote Scouting Activities as well as a visual record of past years. The children are not individually named and any pictures could be used for the following:

- Displays within the Hut, photo albums and presentations to the public
- Local Newspapers and the 'Grundisburgh News'
- Websites for 1st Grundisburgh Scout Group or Fynn Valley Explorer Unit.

If you do not wish your child to be photographed then please inform your Childs Section Leader or the Group Scout Leader.



Archery & Air Rifle Shooting Permission



This applies to all Sections

Other activities associated with the Scouting movement are Archery and Air Rifle Shooting. The Scouting rules say that we do not require permission for your child to take part in Archery but we must tell you in advance that your child may well be 'having a go' at Archery on a particular evening or on camp.

However the Scout Association rules on Air Rifle Shooting are a little stricter and we require parents to read and sign the Declaration below. If you do not sign then your child will not take part in this activity at any event within Scouting.

Air Rifle Shooting Declaration:

I, being the parent/guardian of the person named overleaf, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for my son/daughter named overleaf to take part in Air Rifle Shooting at any Scouting events with either 1st Grundisburgh Scout Group or Fynn Valley Explorer Unit.

Signed..... Name.....

Relationship to Participant..... Date.....



Health Form Declaration



Once the form has been completed please read and sign the Health Form declaration below.

I give permission for either my Childs Section Leader, the Camp Leader or First Aider to authorise any medication as instructed above for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the Medical Authorities present.

I understand that these details will be kept for a whole year for use at any camps, events and weekly meetings that my son/daughter attends. I agree that the details provided are correct as at the date stated and will inform the Leader-in-Charge if any amendments are needed in the future.

Signed..... Name.....

Relationship to Participant..... Date.....



Please return to the Section Leader or Group Scout Leader