



HEALTH FORM FOR BEAVERS, CUBS & SCOUTS SCOUTING YEAR SEPT 2020 – AUG 2021

Members of the Scout Association aged 18 or over may complete this form themselves; for members under 18 the form must be completed by the parent or guardian.

The safety and wellbeing of young people in Scouting is our priority. Please provide medical information (eg medications, assistive technology) so that the section leadership team can ensure suitable care is in place for your young person. This information will be handled with extra care and only made available to those directly supporting your young person.

* Please delete as appropriate.

Surname _____
First Names _____
Home Address _____

Post Code _____
☎ Home _____
Date of Birth _____

Address _____

Post Code _____

☎ Daytime _____

☎ Evening _____

☎ Mobile _____

E-mail _____

GP / Family Doctor:

Name _____

Address _____

Post Code _____

☎ GP _____

NHS Number: _____

Date of last tetanus immunisation: _____

Medical Information about your child: -

Is he / she **allergic** to anything?
(Any food or medications including antibiotics etc?)

***YES / NO**

If yes, please give all details, including any treatments carried (e.g. EpiPen)

Is he/ she receiving any medical treatment or having any investigations at present? ***YES / NO**
If yes, please give details.

Parents / Legal Guardians Names

Mother _____

Father _____

Guardian _____

In an emergency, you should contact the following:

Name _____

Relationship _____

Address _____

Post Code _____

☎ Daytime _____

☎ Evening _____

☎ Mobile _____

E-mail _____

Alternative emergency contact:

(Must be different to above)

Name _____

Relationship _____

DATA PROTECTION

This form is used to collect information about your young person for the purpose of weekly meetings, day events and camps. This information is to be used by the section leadership team only. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We take your personal data privacy seriously. The data you provide to us is securely stored and will be kept for whilst they are a member of 15th Cheltenham (Shurdington) Scout Group. This form will be updated annually. Parents should request a new form if there are medical or other relevant changes to their young person. Once a member leaves this medical form will be securely destroyed. For further detail please visit our Data Protection Policy available at scouts.org.uk.

Please give details of any medication currently being taken. Please list name, dosage, and times.

Does he /she suffer from; diabetes, asthma, fits / epilepsy, hay fever, headaches / migraines, night terrors or any other illness, or concern? *YES / NO

If yes, please give all details.

Does he/ she have any additional needs or disabilities which we should be aware of? *YES / NO

If yes, please give details.

Any recent illnesses, accidents, or any contact with infectious diseases within the last month which we should know about? * YES / NO

If yes, please give details.

Dietary Information about your child: -

Does he / she have any special dietary requirements or special needs? *YES / NO

If yes, please give all details.

Vegetarian / Vegan / No Pork

Free From - Wheat – Egg – Dairy – Nuts

Any additional information, that leaders should be aware of concerning your son / daughter.

- I have read and completed this health information form and to the best of my knowledge it is accurate and complete.
- I give permission for my child to be photographed and photos to be used on the closed WhatsApp Group.
- I give permission for my child to receive medication as instructed above, and as listed in the medications section.
- I give permission for the Leaders to administer basic First-Aid.
- If it becomes necessary for my child to receive emergency medical or dental treatment [including anaesthetic] 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 Leader in charge to sign any documents required by the NHS.

Signed _____
Parent / Guardian

Date _____

NOTE – The medical profession takes the view that parents’ consent to medical treatment cannot be delegated. This view is explicit in the Child Act 1989. Thus, medical consent forms have no legal status and doctor/nurse insisting on the consent to a particular treatment has the right to do so. For this reason, we do not recommend leaders insist on parents signing the above statement. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a leader on hand able to sign any document required by the hospital.