

2nd Chatteris Scout Group Activities Consent Form



General Consent

I / We the parent(s) / guardian(s) of _____

who was born on _____ / _____ / _____

hereby give permission for my / our child to partake in all activities organised and run by

_____ *2nd Chatteris* Scout Group
from _____ *01* / _____ *Sept* / _____ *2009*
to _____ *01* / _____ *Sept* / _____ *2010*

I / We authorise, confirm and agree that the Scouters specified in the schedule hereto or their nominee shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves, would be able to do so.

Other Details

Do you give permission and consent that photographs may be taken for promotional and record purposes during activities which may include your child? YES NO

Do you give permission for your child to take part in water activities? YES NO

Is your child able to swim? YES NO

Medical Consent

I / We understand that in the event of my / our child requiring medical attention all reasonable efforts will be made to contact me / us (or the Alternative Emergency Contact if I / we are uncontactable) at the contact numbers provided on this consent.

In the event of my / our child being taken ill or injured during the period of this consent, I / we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I / we cannot be contacted for the purposes of giving consent at the time of treatment. I / We hereby authorise the Scouters specified to communicate our consent to any treating medical or dental practitioner.

I / We confirm that the medical details in relation to my / our child are correct.

Medical Details

These are the medical details of my / our child.

If you answer YES to any question please provide details in the space provided below.

Has your child any serious illnesses? YES NO

Does your child take any regular medications? YES NO

Are there any medications that your child is allergic to and/or must not be prescribed? YES NO

Does your child have any allergies? YES NO

Has your child any special dietary requirements? YES NO

Has your child been fully vaccinated? (ie: 3/5 in 1, Meningitis C, MMR, and pre school booster). If not please state what he / she has received, if any? YES NO

Family GP Details

Family GP: _____

Address: _____

Telephone: _____

Date of last check up: _____ / _____ / _____

Note: The medical profession takes the view that the parents/carers 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 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.

Activities Consent Form (continued)



Parent(s) / Guardian(s) Contact Details

Names _____

Phone Numbers: (Home) _____

Phone Numbers: (Work) _____ Ext _____ Ext _____

Phone Numbers: (Mobile) _____

Home Address: _____

_____ Email: _____

Alternative Emergency Contact

Name: _____

Phone Number: _____

Additional Information

Please include any additional information including any special needs or conditions (e.g. travel sickness, sleep walking).

Schedule of Scouters authorised as above

David Driver (<i>Group Scout Leader</i>)	07941 069 138 (<i>dave@g7vgc.freeserve.co.uk</i>)
Simon Archer (<i>Scout Leader</i>)	07776 201 667 (<i>simon.archer1978@googlemail.com</i>)
Chris Hancox (<i>Assistant Scout Leader</i>)	07789 417 594 (<i>christopher_hancox@yahoo.com</i>)
Michelle Brown (<i>Cub Leader</i>)	07540 745 061 (<i>chelle2709@hotmail.com</i>)
Janice Neale (<i>Beaver Leader</i>)	
_____	_____
_____	_____

Signature of Parent(s) / Guardian(s)

Signature: _____

Date: _____ / _____ / _____