



# SAXONS

## Explorer Scout Unit

### Kernow 2019

## Health Information Form

(PLEASE RETURN BY 1/7/19)

Depart	Saturday 3 <sup>rd</sup> August 2019, Meeting time 13:00/15:00pm (TBC)
Return	Approx. 6pm Saturday 10th August 2019
Location	Roskrow Scout Campsite, Falmouth, Cornwall
Leaders In Charge	Neil Harrington, Nick Lake.
Camp Contact Numbers	Neil Harrington 07971 641381, Nick Lake 07973 540579

This section (both pages) are to be completed by the Parent or 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 the medical authorities in deciding which is the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)

Surname:	National Health Service Number:
Forenames:	Date of last Tetanus injection:
Date of Birth:	

  

Parent/Guardians Address During the Camp:	Family Doctors Name and Address:
_____	_____
_____	_____
_____	_____
Home Telephone: _____	Telephone: _____
2 <sup>nd</sup> Number/Mobile: _____	

- I hereby give permission for my child to attend the aforementioned Camp
- I undertake to inform you should he my child be in contact with any infectious disease within 3 weeks of the camp.
- In the event of illness or accident needing emergency hospital treatment, I authorise the Leader in charge of the camp to agree to any treatment where a doctor considers that the delay required to obtain our permission will be detrimental to my child.
- I certify that all the relevant details required on the reverse of this form have been supplied.
- I will inform the Camp Leader if any of the information given on this form changes before the event takes place.
- I understand that the Leaders/Scout Association take no responsibility for loss or damage to any personal kit whilst on Camp.

In the space below please give details of the following: -

- 1. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Nut allergy, Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
- 2. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines).

(If any Medicine's has to be taken, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to the Camp Leader/First Aider before departure.)

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Please continue on a separate sheet if required (Remember to include your child(s) name on any separate sheets and attach them securely to this form)

**PARENTS:**

- Please keep a separate note of the leader's contact numbers as detailed overleaf.
- Photographs and video will be taken during the camp for display on our website. If you do not wish for your son/daughter to be included, please let us know.

Name of Parent/Guardian:

Relationship:

Signature:

Date:

