

# PARENTAL CONSENT AND MEDICAL INFORMATION FORM



**District Explorer Scout Walking Weekend  
19 to 21 February 2010  
Penstar Bunkhouse, Brecon Beacons, Wales**

**Expedition Leader Adam England  
Assistant Expedition Leader(s) Janet Stuckey, Richard Baker**

This section (both sides) is to be completed by the Parent or Guardian of the young person named below (or the participant themselves if over 18). 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		Date of Birth
Forenames		NHS Number
He/She may bathe under careful Supervision?      Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of last Tetanus injection
Next of Kin Address During the Expedition ..... ..... .....	Family Doctor's Name and Address ..... ..... .....	
Telephone	Telephone	

I hereby give permission for my child to attend the aforementioned Expedition.

If it becomes necessary for my child to receive medical treatment 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 Expedition Leader named overleaf (or in their absence one of the Assistant Expedition Leaders named overleaf), to sign any document required by the hospital authorities.

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

**Please note:** To conform to UK Data Protection Legislation, you are advised that the information provided on this form may be entered on computer and used for administration purposes.

You are advised that photographic and video materials may be taken during the Expedition for publicity purposes. Your signature below confirms your consent to this. If you do not consent to this, please contact one of the Expedition Leader(s) named above so we can discuss practical ways to ensure that photographs are not taken of your child/children during the event.

Name of Parent/Guardian	Relationship to Young Person
Signature	Date

The Expedition Leader (or in their absence one of the Assistant Expedition Leaders named above) may administer the appropriate minor treatment/precautions (as listed below) if required.

Headache

Stomach Upset

Cuts & Graze

Colds etc.

Other Specific Ailments

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

1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
3. 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 He/She has to take any Medicine's, 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 Expedition Leader/First Aider before departure. )*

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)