

Camp: Autumn Camp, Abington Camp Site, Church Lane, Little Abington.
 Dates: 25th-27th September 2009.
 Camp Leader: Tom Pinnock
 Assistant Leader: Frank Lee.



This Form (both sides) is 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

Name:

Date of Birth:

National Health Service Number:

Date of last Tetanus injection:

Family Doctor Name and Address:

Telephone

Parent/Guardians Address
 During the Camp/Holiday:
continue overleaf if necessary

Telephone
 Mobile
 Mobile

MEDICAL INFORMATION

The camp leaders may need to administer treatment for minor ailments. Please circle Yes if you give your consent for your child to be given the following treatments: *please give alternatives if appropriate*

Cuts and Grazes: Plaster	Yes	No
Headache: Paracetamol	Yes	No
Sunscreen and after-sun lotion	Yes	No

11/9 Cambridge Scout Troop

Scout Leader: Frank Lee 5 Dalton Square, Cambridge. CB4 1QJ **Home tel.:** 01223 697474 **Mobile:** 07974 925086 **Email:** frank@newnhamscoouts.org.uk **WWW:** http://www.newnhamscoouts.org.uk/

Patron HM The Queen **President** HRH The Duke of Kent **Founder** Robert Baden-Powell OM **Chief Scout** Peter Duncan

Registered Charity number 308261

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/Treatments currently being Taken/Followed (including dosage details) and the Specialist and Hospital concerned if appropriate. *If He/She has to take any Medicines, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to one of the Camp Leaders before departure.*

I hereby give permission for my child to attend the aforementioned Camp / Holiday.

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 Camp leader named above (or in their absence one of the assistant camp leaders named above), to sign any document required by the hospital authorities.

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

Name of Parent/Guardian

Signature Date

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. 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 forms required by medical authorities.