



# 17<sup>TH</sup> Warrington East (3<sup>rd</sup> Lymm) Scout Group

## 2011 - Scouting Consent Form



### Personal Information

Childs Full Name  Date of Birth

Parent / Guardian Names  Relationship  Occupation   
Names  Relationship  Occupation

Address  Postcode   
Landline  Main Mobile  Belonging to   
Alt. Mobile  Belonging to   
Email

### Emergency Contact Details

Name  Telephone Number

### Medical Information

Doctors Name  Landline   
Address  Postcode

### **Does your child:-**

Suffer from any allergies, including foods? YES  Details   
NO

Have any medical conditions we need to be aware of? YES  Details   
NO

Take medication for any allergies or medical condition? YES  Details   
NO

Date of last tetanus injection  NHS Number (essential)

### Dietary Information

Please specify and special dietary requirements? YES  Details   
NO

**Activity Consent**



- My Child CAN  CANNOT  Swim 50 meters in light clothing.
- My Child CAN  CANNOT  Take part in supervised water activities.
- My Child CAN  CANNOT  Take part in shooting (air or 1.75) activities.
- My Child CAN  CANNOT  Take part in archery shooting activities.
- My Child CAN  CANNOT  Take part in high climb activities (2m or above).

Note – All of the above activities will only be undertaken with qualified instructors.

**Media Consent**

On occasions, photographs and videos of Scouts taking part in activities are taken for a variety of uses. On occasions these may be submitted to the local newspapers, the Group, District or County newsletters and websites or put on display.

Tick the box if you ARE willing for your child's images to be used in the above way.

I \_\_\_\_\_ (consenting parent name) give my consent for \_\_\_\_\_ (child's name) to take part in all Scouting activities, camps and events during 2011, organised and supervised by members of the 17<sup>th</sup> Warrington East (3<sup>rd</sup> Lymm) Scout Group, providing that the 'adventurous activities' are correctly and safely run in accordance with the Policy, Organisation and Rules of the Scout Association. I have provided the necessary medical information that would be required in such an emergency and hereby give my consent to any medical treatment and authorise the Leader in Charge of the activity/camp to sign any document required by the hospital authorities.

**Note:** The medical profession takes the view that a parent's 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/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we recommend, (but do not insist) that parents sign the above statement as it can be of comfort to the medical profession that they have general consent from parents in advance and a Leader on hand who is able to sign any forms required by the medical authority.

I reserve the right to reject or question any specific activity proposed during the year. Prior to any activity/camp/event, I will inform the Leader in Charge if I will be at an address other than the child's permanent address and provide full details. I will also confirm that my child has not been in contact with anyone with an infectious disease within three weeks of him or her attending any activity/camp/event.

I understand that all information on this form will be kept confidential and kept safely by the Section Leader.

Signed  (Parent/Guardian) Date

Please share any skills, hobbies or interests you have that you could share with scouting.