



Information & Consent Form

This form must be completed by the person with parental responsibility (under 18) or participant (over 18). **Complete all sections highlighted in bold & sign.** It will cover normal session nights and most offsite activities. Any activity that is deemed as 'hazardous', involves an overnight stay or extended time will have require an additional ACTIVITY consent form.

Event	Autumn Term 2011	Dates	September to December 2011
Confirmation (by signing the form you confirm these things)	<ul style="list-style-type: none"> I confirm I have received and read the Information Sheet. (Under 18s) I confirm that I have parental responsibility for the participant. S/he is in good health and I agree to his/her participation in the programme detailed in your letter. I acknowledge the need for obedience and responsible behaviour on his/her part and that the Activity Leader reserves the right to send any participant home. I give permission for the leaders to seek medical help in the event of any emergency. In the event I cannot be contacted, I give general consent to the treatment (including the use of anaesthetics) advised by the medical authorities. Note: the Medical Authorities can insist on parental authority before treatment commences. I agree to photographs being taken and used on displays/scout website. (delete if you do not agree) 		
Personal Details about the participant	Full Name		
	Address	Doctor Name	
	TOWN	Surgery & Phone No	
	Postcode	Date of Birth	/ /
	Participant contact numbers	Email	
	Next of kin 1 and relationship	Next of kin 2 and relationship	
	Contact Nos.	Contact Nos.	
	Other Contact	Name: Relationship:	Phone No
Medical Details about the participant <i>Please give full details when indicated including medication & doses + doctors letters or medical leaflets where available.</i>	Medical Conditions	Does the participant suffer from: Asthma, Bronchitis, Diabetes, Epilepsy, Fits/Fainting/Blackouts, Headaches, Heart Conditions or any other condition? NO YES (detail overleaf)	Allergies Disabilities Does the participant suffer from any allergy e.g. food, medication? NO YES (detail overleaf) Does the participant have any disabilities or special needs? NO YES (detail overleaf)
	Dietary	Does the participant have any special dietary requirements e.g. vegetarian, gluten free etc. NO YES (detail overleaf)	Medical Treatment <i>If YES give details overleaf.</i> Is the participant receiving medical treatment or taking medicines at the present time NO YES Are there any occasions you would not wish the participant to receive medical treatment NO YES
	Medications (under 18s)	May the participant be offered paracetamol in the event of minor aches and pains NO YES Are there any other medications you will be providing for use on your young person (e.g. creams) NO YES (detail overleaf)	Other Information <i>? = Not sure</i> <i>If YES to last 2 questions, give details overleaf.</i> Has the participant had ... Tetanus injection (last 10 yrs) N Y ? Contact with any infectious disease in last 2 weeks N Y Is there any other information (e.g. bedwetting, sleepwalking ...) you would like use to know? N Y
	Specific Activities	Swimming Events ONLY (under 18s) I give permission for my son/daughter to take part in swimming/water activities (-) He/she can swim ... _____ m / 50m in clothes (-)	Air Rifle Shooting Events ONLY (Under 18s) I give permission for my son/daughter to take part in the following shooting activities: Air Rifle Shooting (-) Laser Clay Shooting (-)
Signature	Parent (<18) Participant (>18)	Date	