

# 18th St Albans Aquila Scout Troop - Health and Permission form

The parent or guardian of the named scout must complete this form. It gives responsibility for your son/daughter to the Leader in charge of this Activity.	
Use a separate sheet for extra information if necessary, but attach to this form.	
<b>Activity, location and date</b>	
<b>Scout's surname</b>	
<b>First name</b>	
At the start of the activity, please inform the Leader:	
1. If your scout has been in contact with any infectious disease, within 3 weeks of departure. 2. If your scout is bringing any medicine, this should be handed to the Leader at the start of the Camp, labeled with Scout's name. The dose should be recorded on this form. Any changes to medications should be reported ON PAPER at the start of the Activity. 3. If your scout is undergoing any current medical treatment, giving details of the appropriate hospital or doctor concerned.	
Please note that leaders take photos of the various activities at Camps: I give permission for this. (If not please, cross out the paragraph)	
I give permission for my son/daughter to attend this Camp. In the event of illness or accident requiring emergency hospital treatment, I authorize the Leader to sign any form of consent required by the hospital authorities, if the doctor concerned considers the delay required in getting my own signature unadvisable. I understand that the Leader reserves the right to send any Scout home should the need arise.	
Scout's date of birth	
Parents/guardians names	
Scout's home address	
Post code	
Telephone number	
Address and telephone where a parent may be contacted during the period of the Activity, if different from the above home address:	
Scout has <b>Mobile phone</b> at the activity? Write phone number	
<b>Travel:</b> Indicate whether you can drive TO or FROM campsite and total number of Scouts (not names)	(does not apply to Summer Camp)
NOT travelling at the times in activity information? Give time of drop off or pick up at the activity and who will be picking up.	
My scout <b>is</b> a strong swimmer (50 metres) (Yes/no)	

Health and Medical Information		
Scout's National Health Number:		
Name of Scout's doctor:		
Doctor's address:		
Doctor's telephone:		
If your scout has been immunised against tetanus within the last ten years, give date, if known		
Indicate any relevant points about your scout's health, including: •Allergies or sensitivities (e.g. to penicillin, aspirin) •Disabilities (e.g. travel sickness) •Any dietary restrictions Give full details of precautions and remedies. List below medications that will be taken.		
<b>Medications:</b>	Medication 1	Medication 2
Write the name of each medication		
Reason for medication (ailment etc)		
Precise dose, including amount and frequency (or the conditions that would require the medication)		
	Medication 3	Medication 4
Write the name of each medication		
Reason for medication (ailment etc)		
Precise dose, including amount and frequency (or the conditions that would require the medication)		
I give permission for the Leader to give up to two appropriate doses of non-prescription painkiller (paracetamol, ibuprofen), if we cannot contact you by phone. After that, parent permission will be sought by phone. Add "yes", if so, with any limitations beyond what is written here. A blank will be considered as being "no".		
Parent's/guardian's signature (original signature)		
Date		