

Full Name:	Wristband Number: (office use only)
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Cub Scout Funday 2010

Health / Event Information Form

This form is to be completed by all participants who take part in the event. It should be returned to the leader in charge of your party, who will hand it in at the check-in point. Forms will be held during the day for use by first aid trained people. All forms that are not used will be destroyed after the event. For those that are treated, this form may be retained with the confidential medical records. Please complete as much as possible.

Date of Birth:		National Health Service Number:
Age:	Sex:	Date of last tetanus injection:
Name, address and telephone number of family doctor:		During the event I can be contacted in an emergency at: Telephone:
Details of any medicines or treatments currently being taken / followed (including dosage) & the specialist and hospital concerned if appropriate		Allergies to food, medicines or other:
Any known infectious diseases that he/she has been in contact with in the last three weeks:		Any other special needs:
<p>During the event your child may have the opportunity to take part in air rifle target shooting activities. In order to allow your child to take part in air rifle shooting, by law, we must have your specific permission. Without this your child will be unable to participate in this specific activity.</p>		

I give my permission for the above name young person to take part in target air rifle shooting::

I give my permission for the above named person to take part in the event. 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.

Signature of parent / guardian:..... Date:.....

During the event, photographs and/or video images may be taken in order to promote Scouting within the media. If you want your child EXCLUDED from such media, please inform your local Cub Scout Leader or contact the event organizers.

Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the Child Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason we do not insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents.