



# Blackpool Explorer Scouts Health & Permissions Leaders Form

This section to be completed by the Unit Leaders

**Activity Leaders** Steve Williamson, Scot Munday, Joe Ashworth, Howard Parish, Ian Dick, Claire Wright, Anne-Louise Westhead, Joanna Swan, Simon Hacking, Steve Robinson, Steve Lahiff, Ben Crook, Andy Inglis, Toni Jackson, Hugh Miller, Jonathon Abbey

This form (both sides) must be completed in ball-point pen in BLOCK CAPITALS.

Please answer the following questions as fully as possible. Delete starred \* items as appropriate.

*Note. This information will be held in confidence.*

Surname

Date of Birth

Forenames

National Health Service Number

Home Address  
  
Postcode  
Telephone

Person to be contacted in case of emergency.  
Name .....  
Address .....  
.....  
Relationship.....  
Telephone .....

Family Doctor  
Name  
Address  
  
Telephone

Hospital Consultant (if applicable)  
Name.....  
Hospital .....  
Reg No .....  
Telephone .....

### Emergency Permission

I authorise any of the Leaders named above or the appointed 1<sup>st</sup> aider to give permission to the doctor / hospital authorities to undertake whatever treatment is considered necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_



In the space below please give details of the following:-

Any Known Infectious Diseases with which you have been in contact within the last four weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

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Any chest complaints, wheezing or hay fever, asthma, migraine, fits or faints, bad period pains, diabetes, nervous disorders or any other illness or disability which you suffer(s)

.....

Any Known Allergies/Sensitivities and details of any known precautions or remedies which you have (e.g. Penicillin, Food Colourings, Travel Sickness, Nut Allergies etc.)

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Details of any Medicines/Diets/Treatments which you are currently taking / following (including dosage details - please also include any non prescription preparations, such as cough sweets, herbal medicines).

*(If you have to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with your name and the exact dosages, and should be made known to the Camp Leaders before departure, except inhalers, which may be retained by yourself.*

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Please continue on a separate sheet if required (Remember to include your name on any separate sheets and attach them securely to this form)

## PERMISSIONS

### Please read and sign.

I understand and accept that some of the activities over the Scouting year may involve substantial physical and mental exertion and elements of risk and danger. I am prepared for and consent to myself undertaking such activities as authorised by the Activity Leaders. I understand that all activities will be carried out under the relevant Scout Association Rules.

Please tick at least one box for each question; an un-ticked question will be taken as a **NO**.

If photographs are taken I give my permission for them to be used in publicity material

Note: It is not the intention of the Scout Association to name any individual in any captions

Yes      No

    

If it becomes necessary to receive medical treatment and I am not able to authorise this, I hereby give my general consent to any necessary medical treatment and authorise any of the Activity Leaders named overleaf to sign any document required by the hospital authorities. I will inform the Activity Leaders if any of the information given on this form changes before each programme activity takes place.

Signature \_\_\_\_\_

Date \_\_\_\_\_

This document is valid till 31<sup>st</sup> December for the year which is dated above