

## Activity Permission Form

This form must be filled in for **every** activity outside of the scout hut and every overnight event that your child attends.

### Childs Details

Child Name: \_\_\_\_\_ Childs DoB: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Event: \_\_\_\_\_

|   |  |   |
|---|--|---|
| Is he/she able to swim 50 meters and stay afloat for five minutes in light clothing                               |  | <b>Yes / No</b>   |
| Doctor's name and contact details:  |  | Details of <b>any</b> medications currently being taken:<br><b>ALL MEDICATION SHOULD BE GIVEN TO LEADERS AT THE START OF THE CAMP</b> |
|   |  |   |
| Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event: |  | Details of any infectious diseases he/she has been in contact with in the last three weeks:   |
|   |  |   |

### Emergency Contact

|                      | Contact 1 | Contact 2 |
|----------------------|-----------|-----------|
| <b>Name</b>          |           |           |
| <b>Phone Number</b>  |           |           |
| <b>Mobile Number</b> |           |           |
| <b>Relationship</b>  |           |           |

Note: In the event of a problem one of the above contacts **should** be available at all time to arrange to pick up your child. Failure to have a contact available may result in your child being excluded from future events.

I give permission to for leaders to administer the following medication (please tick)

Paracetamol  Ibuprofen  Anti Histamine  Oral Rehydration  Plasters

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

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

Relationship to young person: \_\_\_\_\_

**Note:** The medical profession takes the view that the parent's/carer'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 or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so.  
For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.