

2nd Mitcheldean Scout Group Health Form

Child's Personal Details

(please fill details in this side)

Child's Full Name	
Date of Birth	
Normal Home Address	
Contact E-Mail Address	
Home telephone number	
Parent 1 Name	
Mobile number	
Work number	
Parent 2 Name	
Mobile number	
Work number	

Alternative Contact Details - If we are unable to contact you, please give us details of a family member or friend who you would like us to contact.

Name	
Relationship to young person	
Address	
Home telephone	
Work telephone	
Mobile telephone	

Other Notes - Anything you think may be relevant to Scouting Activities

--

GP Information

GP's Name	
Practice Name	
Address	
Telephone number	

Medical Information - Please include as much detail in this section as possible, including any medication that should not be given, any past illness which a hospital would need to know about before treatment. Please continue overleaf if necessary.

Child's Name	
NHS Number (if known)	
Date of last Tetanus injection	
Childhood immunisation up to date?	YES / NO (please circle)
Illness / Medical conditions e.g. Asthma, hay fever, travel sickness etc	
Allergies	
Medication	
Special Dietary needs	

Parent / Guardian's Permission

<p>In the event that my son / daughter requires medical treatment I give permission for the qualified medical staff to act in their best interest and for any Scout Leader to sign such documents as then may be necessary on my behalf. I will also notify a leader <u>immediately</u> if any of the information on this form should change.</p>	
Signature	
Print Name	
Relationship to young person	
Date	