

Spelthorne District Night Challenge Parental Consent and Medical Form



Personal Details

Name:	<input type="text"/>	Date of Birth:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	<input type="text"/>						
Postal Code:	<input type="text"/>	Home Telephone:	<input type="text"/>						
		Mobile Telephone:	<input type="text"/>						
		Email Address:	<input type="text"/>						
		Religion:	<input type="text"/>						

Health Information

Doctor's Name:	<input type="text"/>	Telephone:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Telephone: <small>(if your doctor has more than one contact number)</small>	<input type="text"/>
Postal Code:	<input type="text"/>	NHS Number:	<input type="text"/>

Medical Requirements:

(i.e. hay fever, epilepsy, asthma etc)

Special Needs:

(i.e. travel sickness, bed wetting, other disabilities etc)

Dietary Requirements:

(i.e. allergies etc)

Emergency Contact

Incase we are unable to contact you in either the event of an emergency or otherwise, please provide details of someone we could contact instead.

Name:	<input type="text"/>	Telephone:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Mobile Telephone:	<input type="text"/>
		Relationship:	<input type="text"/>

Additional Information

Please list any other relevant information, for example allergies or medical information not covered above.

Also any additional contact information or information you think the leaders should be aware of.

Parental Declaration

I will inform you if there are any changes personal, medical or otherwise during this period. I accept that the Scout Association will be keeping information about my child's Membership of the Scout Movement. I understand it will only be used for Scouting Purposes. I give explicit consent to the holding of information of my child's Health; Disabilities; Religion or Faith; Race or Ethnic Origin for scouting purposes.

In the event of an emergency and I am unable to be contacted by telephone or otherwise, I give my consent for any Scout Leader to sign any documents required by the emergency services, hospital or medical authorities. I give my consent for medication to be administered as provided by myself at the start of a camp/activity or as prescribed by a doctor.

I hereby give my consent for photographs to be taken for publicity purposes, including use on the internet. I understand that the Scout Association policy and rules will be adhered to at all times.

I have received details of my son/daughters* Scout group home contact and understand that should I have any problems etc during the event I will use the home contact system and will not contact my son/daughter directly by use of mobile phones or any other means.

I hereby give my consent for my son/daughter* to participate in the Spelthorne District Scout Night Challenge.

Print Name:

Signature:

Mobile Number: