



## Scout Hut Sleepover 2016 Medical Form

**This section to be completed by the Camp/Holiday Leader**

<b>Camp/Holiday</b> <b>Scout Hut Sleepover</b>	<b>Dates:</b> Friday 15 <sup>th</sup> July - Saturday 16 <sup>th</sup>
<b>Camp/Holiday Leader</b> <b>Joanna Steel</b>	<b>Assistant Camp/ Leaders</b> Rachael Otter, Shane Porteous, Ben Steel

**This section is to be completed by or for the person named below. Please answer the following questions as fully as possible. (Please complete in BLOCK CAPITALS)**

Surname	Date of Birth
Forenames	Date of last Tetanus injection
Next of kin's details during the trip ..... ..... Post Code: ..... Mobile:	Family Doctors Name and Address ..... ..... ..... Telephone:

<b>Please read each question and tick YES or NO as appropriate</b>	<b>Y</b>	<b>N</b>
Has the person named above been in contact with any contagious or infectious disease within the last 3 weeks? If YES give details:	<input type="checkbox"/>	<input type="checkbox"/>
Has the person named above suffered from any recent illness? If YES give details:	<input type="checkbox"/>	<input type="checkbox"/>
Does the person named above have any known Allergies / Sensitivities / Disabilities / Medical Conditions. e.g. Penicillin, Food Colourings, Bed-wetting, Period Pains, Asthma etc Give details AND any known precautions or remedies:	<input type="checkbox"/>	<input type="checkbox"/>
Is the person named above currently taking any medication? If YES give details:	<input type="checkbox"/>	<input type="checkbox"/>
Is the person named above receiving any medical treatment at present? If YES give details:	<input type="checkbox"/>	<input type="checkbox"/>
Does the person named above any special dietary needs? If YES give details:	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please indicate which of the following common medicines could be administered if required.</i> (dosage appropriate to age)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other information of which we should be aware? If YES give details:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Continue overleaf for any of the above...</b>		

### Emergency Permission

I authorise the named Scout Leader in charge or a member of the First Aid team to give permission for the named person, to receive medication, any emergency dental, medical or surgical treatment including anaesthetic, as considered necessary by the medical authorities present.

Signature
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Date
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