

# Event: MISSION BEAVER 2020

13<sup>th</sup> - 15<sup>th</sup> March

GROUP: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

LEADER IN CHARGE: \_\_\_\_\_

## NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE

This form is to be filled in by all members, leaders included, attending the above event. It gives authority for the Leader in Charge to sign on your behalf any papers needed by the medical authorities in case of any emergency treatment and gives details of any important information that may be required by the medical authorities.

**\* Please delete as necessary and continue details overleaf if required.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

***I understand that all details, including disabilities of the above named will be kept for Scouting purposes only.***

<b>EMERGENCY CONTACT:</b>	
Name	
Relationship:	
Address:	
Telephone No: (D)	(E)

National Health Number:	
Doctors Name:	
Address:	
Telephone No:	
Hospital Consultant, if applicable:	
Hospital:	
Reg.No:	Telephone No:

Do you/does your child suffer from Asthma, Chest Complaints, Hay Fever, Diabetes, Epilepsy or any other illness/ailment? **YES / NO \***

If YES, please give details:

\_\_\_\_\_

Medicines currently being taken (including inhalers):

\_\_\_\_\_

Are you/Is your child allergic to anything? (eg. Antibiotics, Any particular food or drugs) **YES / NO \***

If YES, please give details:

\_\_\_\_\_

Do you/Does your child have any mobility or sensory problems? **YES / NO \***

If YES, please give details:

\_\_\_\_\_

Have you/has your child had contact with any infectious illnesses within the last month: **YES / NO \***

If YES, please give details:

\_\_\_\_\_

If it becomes necessary for \_\_\_\_\_ to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my consent to any necessary emergency medical treatment and authorise the Leader in Charge of the Group to sign any documents required by the hospital authorities.

Signed: .....

Date: .....