

Health Information Form

This form is to be completed by the parent/carer of the person named below. Please answer the questions as fully as possible. In the event of your son/daughter requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.
(Please complete in BLOCK CAPITALS)

Surname	Date of Birth
Forenames	National Health Service N ^o
He/she may bathe under careful Supervision Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection
Parent/Carer's Address Telephone Mobile	Family Doctors Name and Address Telephone

If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scout Leader (or in their absence one of the assistant leaders), to sign any document required by the hospital authorities.

Name of Parent/Carer	Relationship to Young Person
Signature	Date

<p>Please list below appropriate minor treatment/precautions the Camp Leader (or in their absence one of the assistant leaders) may administer if required (eg aspirin for headache)</p> <p>Headache</p> <p>Stomach Upset.....</p> <p>Cuts & Grazes</p> <p>Colds etc.....</p> <p>Other Specific Ailments.....Please continue OVERLEAF if required</p>

<p>Please give details of the following on the OTHER SIDE of this form</p> <ol style="list-style-type: none"> Any known infectious diseases with which your son/daughter (named overleaf) has been in contact within the last three weeks (e.g. chicken pox, diphtheria, measles, mumps, rubella, whooping cough etc.) Any known allergies/sensitivities/disabilities and details of any known precautions or remedies (e.g. Penicillin, food colourings, travel sickness, bed-wetting, asthma etc.) Details of any medicines/diets/treatments currently being taken/followed (including dosage details) & the specialist and hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines). <p>(If he/she has to take any medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed in to the Explorer Scout Leader or first aider before departure)</p>
