|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | Date of Birth: | | | |
| Address:    Telephone No (incl. code): (01 ) | | | | |
| Emergency Contact Name: | | Relationship: | | |
| Emergency Contact Address (during event): Full Telephone No (incl. code): | | | | |
| ***YOUNG PERSON’S PERMISSION TO TAKE PART*** (To be completed by parent/guardian) | | | | |
| I hereby agree to my son/daughter taking part in “Beaver Activity Day” at Hesley Wood Activity Centre Sunday 19th May 2019 | | | **Signature: Dated:** | |
| ***MEDICAL INFORMATION*** (To be completed by parent/guardian if a young person) | | | | |
| Doctors Name: | | | | |
| Doctors Address:  Telephone No (day) (Incl. code): (01 ) Telephone No (night) (Incl. code): (01 ) | | | | |
| HEALTH INFORMATION (It is important to complete this as fully as possible – continue overleaf) | | | | |
| \* delete as necessary | | | | **Give details to “YES” answer**. |
| Are there any medical or health reasons why he/she should not take part in the activity? | \*NO/YES | | |  |
| Has he/she been in contact with any infectious illness in the last 3 weeks? | \*NO/YES | | |  |
| Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS, EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY? | \*NO/YES | | |  |
| Is he/she taking any form of regular medication? | \*NO/YES | | |  |
| Does he/she suffer from TRAVEL SICKNESS | \*NO/YES | | |  |
| Is he/she allergic to ANTIBIOTICS, PLASTERS or any other MEDICINES or FOOD? | \*NO/YES | | |  |
| Are there any SPECIAL or DIETARY needs? | \*NO/YES | | |  |
| Date of his/her last ANTI-TETANUS injection (if known). |  | | | |
| Should the necessity arise, and I cannot be contacted by telephone or any other practical means to authorise urgent medical treatment to the above named, I hereby give my general consent to the Scouter in charge to authorise the medical authorities to give any necessary medical treatment. | **Signature: Dated:** | | | |
| ***DATA PROTECTION*** | | | | |
| I understand that all details including disabilities of the above named will be kept for Scouting purposes only, and that photographs and video may be taken and used for Scouting promotional activities.  This form will be shredded after the event | **Signature: Dated:** | | | |