Scout Health Information Form

	Childs Details	
Surname	Forename(s)	Date of Birth
Group & District **13th Tynemouth**	Leaders Name **Karen Melody**	NHS Number
Home Address	Doctors Name and Address Doctors Tel	Group Home Contact Name: Karen Melody Tel: 07770 901819 Parent/Guardian during event Name Tel

Medical Conditions	Medications Taken	Dosage

Any Allergies - (What to, and any established treatment e.g. Brazil Nuts - 1 x Epipen [has brought 2 to event])

Parental Consent

I hereby give my general consent for the camp leader or designated First Aider to:

- Provide any necessary medical treatment,
- Administer medications to treat minor injuries or medical conditions,
- Sign any documentation as required in the event of hospital treatment

This includes appropriate treatments for colds, flu, stomach upsets, cuts and grazes, headaches, and other minor illnesses as deemed necessary

Name	Signature
Relationship to child	Date

ADDITIONAL INFORMATION – Is There anything else you think we need to be aware of? Please use reverse of this form if necessary.