

NATIONAL SEA SCOUT CENTENARY JAMBOREE HEALTH FORM

Group

Sub Camp

ONE COPY OF THIS FORM IS TO BE RETAINED BY THE GROUP LEADER IN CHARGE
 ONE COPY OF THIS FORM TO BE HANDED IN WHEN BOOKING IN. PLEASE PUT ALL HEALTH FORMS FOR YOUR GROUP INTO ONE ENVELOPE

Members of the Association over 16 years of age may complete this form themselves. For members under 16 A Parent or Guardian should complete the form.

Wrist band No

Surname

First names

Date of birth

In an emergency you should contact the following person:

Surname

First names

Relationship

Address

Postcode

Telephone daytime

Evening

Mobile

Mobile

Family Doctor

Address

Postcode

Telephone

Hospital consultant if applicable:

Name

Hospital

Registration No

Telephone

Does he/she have any medical condition that we should be aware of? If yes please give details continue overleaf if necessary

Is she/he taking any medicines or tablets either regularly or on an as necessary basis? Please include and over the counter and herbal remedies YES/NO

If yes please specify.....

Name.....

Dose.....

Frequency.....

Name.....

Dose.....

Frequency.....

(continue overleaf as necessary)

Does he/she have any dietary requirements that we need to know about?

Use the back of this form to add more information

.....
 Does he/she have any limitations that may prevent full participation in any activities - Dyslexia, knee problems etc.

.....
 Does he/she suffer from any recurring problems e.g. Migraines, period pains, bed wetting etc. If yes please give details.

.....
 Is he/she allergic to any foods, medicines or topical agents. If yes please give details

Failure to declare any of the above may result in your child being sent home. There is very little that we cannot cope with if we know about it.

.....
 Has he/she had any contact with any infectious illnesses in the last month? YES/NO
 If yes please give details.....

.....
 Date of last anti-tetanus

For members aged under 16

.....
 These medicines will be available if required. May they be used for your child?

- | | |
|------------------------------------|--------|
| Paracetamol tablets/soluble/Calpol | YES/NO |
| Throat lozenges | YES/NO |
| Anti-histamine tablets | YES/NO |
| Anti histamine cream | YES/NO |
| Ibuprofen | YES/NO |
| Cough Medicine | YES/NO |

EMERGENCY PERMISSION

I authorise a Scout Association representative to give permission to the Doctor to undertake whatever treatment is considered necessary in the event that the next of kin cannot be contacted in an emergency situation.

Signed;

Parent/Guardian (if under 16).....

Date