


### 3RD HAMPTON HILL SCOUTS HEALTH FORM

<b>NAME / LOCATION OF CAMP:</b>	Scouts Water Weekend Camp - Thames Young Mariners		
<b>DATE OF CAMP:</b>	15-17 May 2009		
<b>CAMP LEADER:</b>	Simon Riggs		
<b>ASSISTANT CAMP LEADERS:</b>	Wend Williamson, John Williamson, Rich Moody		



**3rd Hampton Hill**  
Moving On - Moving Up

Forename	Surname	Middle Name(s)	DOB
Home Phone	Address1	Address2	Postcode
Mum Name	Mobile Mum	Dad Name	Mobile Dad
Dr Name	Dr Phone	Dr Address1	Dr Address2
NHS Number	Last Tetanus Date	Allergies	

The following medicines / treatments will be available to your child if required.  
Please indicate if you agree that they may be used for your child.

Calpol	Waspeze	Tender Loving Care	Plasters
Yes / No	Yes / No	Yes / No	Yes / No

**Emergency Home Contact Details (if different to above):**

In the space below please give details of the following:-

1. Any known infectious diseases with which your child has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any known allergies / sensitivities / disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
3. 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). (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 to the Designated Leader / First Aider before departure )

*Please continue over the page if required (remember to include your child's name on any separate sheets and attach them).*

I hereby give permission for my child to attend the aforementioned Sleepover / Camp / Scouting Event  
If it becomes necessary for my child 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 Designated Named Leader (or in their absence one of the Assistant Named Leaders), to sign any document required by the hospital authorities.  
I will inform the Designated Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian _____	Relationship to Young Person _____
Signature _____	Date _____

CONFIDENTIAL