



Health Information Form

Monopoly Live! Friday 9th – Sunday 11th July 2010 Robin Hood Scout Campsite, Ricketts Lane, Blidworth. NG21 0NF

This form is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. In the event of your child 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	First name
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Date of Birth

Address

National Health Service Number

Date of last Tetanus injection

Parent/Guardians Address During the Camp
.....
.....
Telephone:
Mobile No:

Family Doctors Name and Address
.....
.....
Telephone

I hereby give permission for my child to take part in all the activities.

*Photographs will be taken for Nottinghamshire Scouts publicity purposes.
If you don't wish your child to have photographs taken please declare it.*

In the space below please give details of the following: -
1. Any Known Allergies/Sensitivities/Disabilities (e.g. Penicillin, Food, Asthma etc.)
.....
.....
2. Details of any Medicines//Treatments currently being Taken
.....
.....
3. Relevant Medical History including recent contact with infectious diseases
.....
.....

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 Camp Leader, to sign any document required by the hospital authorities.

I will inform the 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
