

### 3rd Brampton Scout Group

## Health Information and Consent Form

### Child's personal Information

Name	<input type="text"/>	Gender (m/f)	<input type="text"/>
Date of birth	<input type="text"/>	Religion	<input type="text"/>
School	<input type="text"/>	NHS Number	<input type="text"/>

Does your child have any special needs?  Yes  No

Please describe

Does your child have any allergies/ conditions that we should know about?  Yes  No

Please describe

### Child's contact details

Address	<input type="text"/>	Telephone (day)	<input type="text"/>
	<input type="text"/>	Telephone (evening)	<input type="text"/>
	<input type="text"/>	Telephone (mobile)	<input type="text"/>
	<input type="text"/>	Other emergency phone	<input type="text"/>
Postcode	<input type="text"/>		
Email	<input type="text"/>		

### Parents'/carers, information

Name 1	<input type="text"/>	Occupation 1	<input type="text"/>
Name 2	<input type="text"/>	Occupation 2	<input type="text"/>

Further information (hobbies, interests etc.)



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**Doctor's information**

Name	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>		<input type="text"/>
			<input type="text"/>
			<input type="text"/>
		Postcode	<input type="text"/>

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**Medical consent**

If it becomes necessary for my child to receive medical treatment during a Scout activity I hereby give my general consent for any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities

(Signed) parent/ carer	<input type="text"/>	Date	<input type="text"/>
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**Photographs/ videos**

Occasionally we take photographs or videos of Scout activities. These are used only in connection with Scout activities within the Group or the District (newsletters etc.) We would like your consent for this.

I consent to Leaders taking photographs or videos of my child whilst engaging in Scout activities on condition that they are used only in connection with Scout activities within the Group or the District.

<input type="checkbox"/> I consent	<input type="checkbox"/> I don't consent	<input type="checkbox"/> (delete as applicable)	<input type="checkbox"/> (signed)
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**Any other relevant information**