



1st HARTFORD SCOUT GROUP

Medical Consent Form



EVENT..... **DATE OF EVENT**.....

Section: (e.g. Beavers, Cubs, Scouts, Explorers)									
Surname:	First Name:								
Home Address:	Family Doctor: Address:								
Post Code:	Phone No:								
Date of Birth:	Medical No:								
Date of last Tetanus:	Can he/she swim 50 metres? Yes/No								
Does your child have an allergic reaction to: Paracetamol Yes/No Aspirin Yes/No Penicillin Yes/No Adhesive Plaster Yes/No Insect Bites Yes/No Nuts Yes/No If yes to any of above, please give alternative medication or type of reaction and treatment:	Medication Please give details of any medication required at camp, together with dosage (including non-prescription drugs)								
Diet Does your child have any special dietary needs?	Treatment Does he/she have any medical condition which may require treatment from health professionals?								
Does your child have any special needs other than those already identified above?									
If my child requires medication for minor ailments, e.g cold, headache, etc., I authorise the group leaders to administer non-prescribed drugs as follows: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Headaches /cold</td> <td style="width: 50%;">Paracetamol</td> </tr> <tr> <td></td> <td>Calpol</td> </tr> <tr> <td></td> <td>Caloprofen</td> </tr> <tr> <td>Insect Bites</td> <td>Antihistamine cream</td> </tr> </table> Please delete/amend as appropriate.	Headaches /cold	Paracetamol		Calpol		Caloprofen	Insect Bites	Antihistamine cream	Home Contact Numbers: Daytime..... Evening..... Mobiles
Headaches /cold	Paracetamol								
	Calpol								
	Caloprofen								
Insect Bites	Antihistamine cream								

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 medical treatment and authorise the Camp leaders to sign any document required by the hospital authorities.

Signed:..... Parent/Guardian Date:.....

Please Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children's Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we cannot insist on parents signing the statement. However, it can be useful for medical staff to have general consent in advance from parents, or to have a leader on hand able to sign forms required by medical authorities.