



HEALTH FORM

The Information requested on this form is necessary to ensure that your son/daughter can be properly looked after at camp or Unit meetings. All information provided here will be treated as confidential. Please do ensure that it is filled in accurately and fully, and that you inform the Leader if the details change.

Explorer Name:..... Parent/Guardian Name Relationship to Child:.....

Full Home Address:.....

..... Post Code

Home Telephone Number:..... Mobile Telephone Number:

Email Address:

National Health Number:..... Date of Birth:.....

Name & Address of Family Doctor:.....

.....

Date of last Tetanus Immunisation:.....

Please answer the following questions by deleting as appropriate. If the answer to any of the questions is yes, please add the information or attach a continuation sheet giving full details, and tick the box below to show you have done so.

- 1. Does your son/daughter suffer from any allergies (To Food or Drugs etc) ? **YES/NO**
- 2. Does your son/daughter suffer from any illnesses or medical conditions For eg: Hay Fever, Asthma, Diabetes, or any other ? **YES/NO**
- 3. Does your son/daughter take any *regular* prescribed medication ? **YES/NO**
- 4. Does your son/daughter suffer from any condition which might make it difficult for him/her to hear, see, or read ? **YES/NO**
- 5. Does your son/daughter suffer frequent Nose Bleeds or similar ? **YES/NO**
- 6. Does your son/daughter have any special dietary needs ? **YES/NO**
- 7. Is your son/daughter able to Swim 50 Metres in Light Clothing **YES/NO**
- 8. Is there any other information we should know about your son/daughter? **YES/NO**

As part of the Explorer program the unit takes part in activities that have a small element of risk. All such activities are run under the guidance and conditions laid down by the Scout Association. For some of these activities special parental consent is required for which authorisation will be asked for at each event.

From time to time The Leaders take appropriate photographs of the children to display or as a record of a camp or activity, they may be posted on Scouting websites and used as promotional material. Please indicate below if you have any objections to this.

I object to photographs being used of my son/daughter as described above. (tick box)

I confirm that if the information given on this form and attachment (if any) changes, I will inform the Leader. I understand that I will be asked to confirm that the health information is current each time my son/daughter attends a camp or activity run by leaders. **I also give my general consent for first aid to be administered to my child, I understand that this will be carried out by a person trained in first aid.**

Signed:..... Parent/Guardian

Name of Signatory (Please print):.....

Date:.....