



# Parental Consent Form

## General Consent

I / We the parents/guardians of

who was born on

hereby give permission for my / our child to partake in

\_\_\_\_\_ activity/activities

organised and run by

\_\_\_\_\_ Scout Group

from \_\_\_\_\_ to \_\_\_\_\_

I / We authorise, confirm and agree that the Scouters specified in the schedule hereto or their nominee shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves, would be able to do so.

I / We acknowledge and consent that photographs may be taken for promotional and record purposes during activities which may include my/our child

YES NO

 

I/We hereby give permission for my/our child to take part in water activities and swimming and we confirm that -

YES NO

My child is able to swim

 

I / We understand that in the event of my / our child requiring medical attention all reasonable efforts will be made to contact me/us (and the Alternative Emergency Contact if I/we are uncontactable) at the contact numbers provided on this consent.

In the event of my / our child being taken ill or injured during the period of this consent, I / we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I/we cannot be contacted for the purposes of giving consent at the time of treatment. We hereby authorise the Scouters specified to communicate our consent to any treating medical or dental practitioner.

I / We confirm the Medical Details in relation to my / our child are correct.

## Signature of Parents/Guardians

A. \_\_\_\_\_

\_\_\_\_\_ Date

B. \_\_\_\_\_

\_\_\_\_\_ Date

**In presenting the form to parents for their consent Scouters supervising the activity/activities should be listed by the Scouter in Charge on the 'Schedule' on the reverse of this form**

## Medical Details

These are the medical details of my/our child - (if you answer YES to any question please give some detailed information)

YES NO

Has your child any important illnesses

 

\_\_\_\_\_  
\_\_\_\_\_

YES NO

Does your child take any regular medications?

 

\_\_\_\_\_  
\_\_\_\_\_

YES NO

Does your child have any allergies

 

\_\_\_\_\_  
\_\_\_\_\_

YES NO

Are there any medications that your child is allergic to and must not be prescribed

 

\_\_\_\_\_  
\_\_\_\_\_

YES NO

Has your child any special dietary requirements

 

\_\_\_\_\_  
\_\_\_\_\_

YES NO

Has your child been fully vaccinated (ie 3/5 in 1, plus Meningitis C, MMR and pre school booster)

 

(If not please tell us what he/she has received, if any?)

\_\_\_\_\_  
\_\_\_\_\_

Our family G.P. is Dr. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of last medical check-up: \_\_\_\_\_

Contact details

Name of Parent(s)/Guardians \_\_\_\_\_ & \_\_\_\_\_

Address of Parent(s)/Guardians \_\_\_\_\_

Telephone of Parent(s)/Guardians Work \_\_\_\_\_ Extn. \_\_\_\_\_ Home \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Schedule: List of Scouters who are authorised as above

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional information