



11th Nuneaton (Weddington) Scouts

Registered Charity No 503394

Member Records: Emergency Contact, Medical and Consent Form

Dates Valid:	
--------------	--

Member Details	
Full Name:	
Date of Birth:	
School:	
Lives with:	(i.e. Mum and Dad, Mum, Dad, Carer etc)
Home Address and Postcode:	

Contact Details	First Contact	Alternative Contact
Name:		
Relationship:		
Address:		
Email:		
Home Phone:		
Mobile Phone:		

Miscellaneous Details
Special Dietary Requirements:
Allergies:
Behavioural, Learning, Cultural or Special Needs:

Religion	
Ethnicity	



11th Nuneaton (Weddington) Scouts

Registered Charity No 503394

Medical Details

Doctors Name, Address, Telephone Number:

Medical Conditions and Medication Needed:

Do you consider yourself to be disabled?	Yes / No
--	----------

NHS Number:

Date of Last Tetanus:

Declaration:

I agree that attendance of meetings and events is conditional upon my son/daughter maintaining acceptable levels of behaviour. Leaders reserve the right to refuse participation of activities if we think it will have an adverse effect on the safety or enjoyment of the activity for others. I am also aware of, and agree to, the Group Mobile Phone Policy and the Group Photography Policy (available on our website) (1)

Signed

Date

I give my permission to allow leaders to transport the young person named above using the leader's own vehicle if/when required. I understand that the Scout Association does not provide insurance cover for the driver and any claims must be directed to the driver's own car insurance policy. The Scout Association's Personal Accident and Medical Expenses policy will still cover members whilst being transported to and from Scouting activities.

Signed

Date

I give my permission for a qualified first aider to administrator first aid if needed and for any necessary medical or hospital treatment required to be authorised on my behalf if attempts to contact the emergency contact(s) are unsuccessful. (2)

Signed

Date

I give explicit consent to the holding of information of my son's/daughter's health; disabilities; religion/faith; race/ethnic origin for Scouting purposes. (3)

Signed

Date

I give explicit consent to the use of photographs and/or video of my son/daughter for Scouting purposes.

Signed

Date

Note (1): All activities are run in accordance with The Scout Association's safety rules. No responsibility for personal equipment/clothing and effects can be accepted by the Scout Group or its Leaders. The Scout Association does not provide automatic insurance cover in respect to such items.

Note (2): 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 do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to 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.

Note (3): Holding details including health, disabilities, religion and race are classed as Sensitive Personal Data by the Data Protection Act and we therefore need your explicit consent. This data will only be used within the Scout Association.