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| **12th Rugby (Christ Church) Brownsover Scout Group**  **Annual Consent Form - 1st January to 31st December 2014**  **Strictly Private and Confidential** | | | | | | | | |
| **Please highlight your child’s Section** | | | | **BEAVERS** | | **CUBS** | **SCOUTS** | **EXPLORERS** |
| Members Photo | **Members Name** | | |  | | | | |
| **Members Address** | | |  | | | | |
| **Post Code** | | |  | | | | |
| **Members D.O.B** | | |  | | | | |
| **Home / Landline Contact No** | | |  | | | | |
| **E-Mail** | | |  | | | | |
| **School** | | |  | | | | |
| **Religion** | | |  | | | | |
| **Emergency Contact 1** | **Name** | | |  | | | | |
| **Contact No** | | |  | | | | |
| **E-Mail** | | |  | | | | |
| **Relationship to child** | | |  | | | | |
| **Emergency Contact 2** | **Name** | | |  | | | | |
| **Contact No** | | |  | | | | |
| **E-Mail** | | |  | | | | |
| **Relationship to child** | | |  | | | | |
| *Your email will only be used for communication from the Scout Group. If you do not wish to receive communication via email, please indicate. Your email address will never be shared with any 3rd parties and you will receive only the type of content for which you signed up* | | | | | | | | |
| *This Consent form covers all the activities the Scout Group may undertake with its members. Please fully complete the highlighted areas and sign only those activities you wish your child to take part in. You are also required to fully complete the medical questionnaire* *and to keep the Group informed of any changes in your child's medical condition, contact numbers etc, in the period that this consent form is valid for.* | | | | | | | | |
| ***Please note that this consent form is for use by the 12th Rugby Leaders only.*** | | | | | | | | |
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| **1) Permission to Camp** | | | | | | | | |
| I give permission for my child to attend any camp arranged and supervised by the Scout Group | | | | | | | | |
| **Signature** | | | | |  | | | |
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| **2) Permission to travel** | | | | | | | | |
| I give permission for my child to travel by train, coach, car or mini bus on planned Scout Group activities | | | | | | | | |
| **Signature** | | | | |  | | | |
|  | | | | | | | | |
| **3) Permission to Climb** | | | | | | | | |
| I give permission for my child to undertake fully supervised climbing and abseiling activities arranged by the Scout Group. | | | | | | | | |
| **Signature** | | | | |  | | | |
|  | | | | | | | | |
| **4) Permission to Swim (Water Activities)** | | | | | | | | |
| I give permission for my child to take part in fully supervised water activities arranged by the Scout Group.. | | | | | | | | |
| My child is able to swim 50m unaided | | Yes / No | **Signature** | |  | | | |
|  | | | | | | | | |
| **5) Permission to Shoot including Archery** | | | | | | | | |
| I give permission for my child to undertake fully supervised shooting activities arranged by the Scout Group. I declare my child is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) | | | | | | | | |
| **Signature** | | | | |  | | | |
|  | | | | | | | | |
| **6) Photographs and video** | | | | | | | | |
| On occasion photographs and/or video may be taken during Scouting Activities. These images may be used by the Scout Group or the Scouting Association in publicity material, including printed publications and on their website. Your child’s name will not be used in any photos displayed. | | | | | | | | |
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| **Note: All hazardous activities undertaken by the Scout Group are supervised by members who hold the appropriate activity certification.** | | | | | | | | |

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| **Medical Questionnaire**  Listed below are the medical conditions that I wish to bring to your attention. Include details of any allergies, including food and drugs. | | | |
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| **If it becomes necessary for the above named child to receive medical treatment and you cannot be contacted by telephone or other means to authorize this, "I hereby give my general consent to any necessary medical treatment and authorize the Leader in charge of the camp or activity to sign any document required by the hospital authorities".** | | | |
| **Signature** | |  | |
| **Doctors Name** | |  | |
| **Doctors Address** | |  | |
| **Telephone Number** | |  | |
|  | | | |
| During Scout activates the First Aid trained leaders have access to the following First Aid equipment. To enable the best possible treatment to be given to your son or daughter, should it be required, permission is required from their Parents or Guardian to use the following items | | | |
|  |  |  |  |
|  | **Permission** |  | **Permission** |
| Remove splinters and clean wounds | Yes / No | Antiseptic cream | Yes / No |
| Waterproof and non-waterproof plasters | Yes / No | Sterikool burn gel | Yes / No |
| Sterilised dressings and bandage’s | Yes / No | Anti-histamine tablets | Yes / No |
| Antiseptic wipes | Yes / No | Wasp / Bee sting creams | Yes / No |
| Alcohol free wipes | Yes / No | Paracetamol suitable for children | Yes / No |
| Microporous tape | Yes / No |  |  |
|  |  |  |  |
| In order for your child to be supervised during the administration of any medicines at a Scouting event, or to be given medication by a leader, the following information is required to be completed by the parent / guardian. If there are any subsequent changes in medicines or doses to be given, then these must be notified immediately to the Group. | | | |
|  | | | |
| Name of Medicine | Dose | Frequency / Times / Date of completion (if required) | |
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| Any prescribed medicine must be supplied to the group in a named and identified container clearly labelled with the name of the medicine. The group may refuse to administer any medicines supplied in inappropriate containers. | | | |
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| **Dietary Requirements**  Listed below are any specific dietary requirements that I wish to bring to your attention. Include details of any specific ingredients or chemicals they cannot consume. | | | |
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| **PLEASE ADVISE THE GROUP LEADER IF ANY OF THE ABOVE CHANGES** | | | |
|  | | | |
| **Signature** | |  | |
| **Name:** | |  | |
| **Relationship to Child:** | |  | |
|  | | | |
| Note: the medical profession takes the view that parents’ consent to medical treatment cannot be delegated. The view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor or 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 have a Leader on hand able to sign forms required by medical authorities. | | | |