



Health Form for 185th Scout Group Weekly Meetings

Session 2011-2012

The parent or guardian of the named child should complete this form. It gives authority for 185th Group Leaders to sign on your behalf any papers needed by medical authorities in the event that emergency treatment is required.

Child's Name :

Date of Birth:

Address:

Postcode:

Phone Numbers

Landline:

Mobile:

Mobile:

Email address:

**Please indicate if you would prefer to receive a paper copy of letters
Otherwise we will email information and letters.**

Alternative Contact:

Name:

Phone numbers:

Is he/she allergic to anything (eg. Aspirin, antibiotics, food). If so please give details.

Name & address of family doctor:

Phone number:

Does he/she have any medical conditions, developmental or social communication difficulties:

Does he/she have any special dietary needs:

Medication Information:
Details of regular medication: (eg inhalers, epipens etc)

Date of last tetanus injection:

Any other information we should know about your child:

If it becomes necessary for my child to receive medical treatment and I cannot be contacted to authorise this, I hereby give consent for any of the Warranted Leaders named below to sign any document required by hospital authorities.

GROUP LEADERS: Gordon Argo, Sandra Boyle, Neil Brown, Dawn Donnelly, Eric Donnelly, Jamie Gibson, Robbie Gibson, Jamie Broadfoot,.

Signed _____ Date _____
(Parent/Guardian)