18th Edmonton (Methodist) Scout Group

H.Q.: BHP Methodist Church, Wellington Rd, Enfield - Friday Nights

HEALTH INFORMATION

This form should be completed as soon as possible after a child starts in a section.

Information on this form will be shared with leaders who are involved with any aspect of your child's scouting.

I (your name) .....am the parent/guardian of

(child's name) .....

Childs NHS No.:…… ….. Date of last tetanus injection: .....

Doctor's name, address and telephone number: .....

.....

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise any leader of the 18th Edmonton (Methodist) Scout Group to sign any document required by the hospital authorities.

I will inform the Section Leader if any of the information given on this form changes at any time.

Leaders may administer the following if it becomes necessary:	
☐ Paracetemol based products	but not .....
☐ Remove Splinters	but not .....
☐ Sun cream and after sun products	but not .....
☐ Anti histamine products	but not .....
☐ Plasters	but not .....

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 example: Hay Fever, Asthma, Diabetes, Bed Wetting 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 there any other information we should know about your son/daughter?	YES/NO

If you answer yes to any of the above please give further information on the back of this form.

Signed ..... Date .....