

**THIS FORM IS ESSENTIAL And MUST be returned with payment for event  
1st North Springfield Scout Group**

**Personal Information**

This section is to be completed by the parent or guardian of the named person. It gives authority for the event leader to sign on your behalf any papers needed by the medical authorities in case of emergency treatment and general first aid treatment needed on site. In addition, completion of this form gives consent for the named person to take part in all organised activities. Please complete all sections.

**General**

..... will attend .....  
Between the dates of .....

**Activities**

I hereby give my general consent for the above person to take part in all organised activities. Specifically, I give permission to participate in: .....  
Signature for specified activities: .....

**Medical information**

Date of last tetanus immunisation: .....  
Medicines currently being taken: .....  
Is the above person allergic to anything (e.g. aspirin, antibiotics, any particular food or drug?). If so, please provide details:  
.....

Does the above person have any special dietary needs?  
.....

Their date of birth is: .....

Name and address of family doctor: .....  
..... Tel: .....

During the event, my contact address will be: .....

..... Post code: .....

Tel (H) ..... ( W) ..... (M) .....

**Agreement**

I will inform you if the above person has been in contact with any infectious diseases within three weeks prior to the event. I will also inform you if any of the details change either before or during the event.

If it becomes necessary for the above person 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 the event Leader (or their authorised deputy) to sign any required documentation for the medical authorities and to act on my behalf in my absence.

Signed: .....

Relationship to named boy: ..... Date: .....

*Those nominated to run this activity (or their nominated deputies) reserve the right to disclose all of the above information to relevant medical authorities as deemed appropriate.*