**Central Notts District Scouts – Activity Form**

# Please return this form to Fiona Smith (ADC Scouts)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I give permission for:- (name of young person) |  |  | I can be contacted during the activity at the following address:- |  |
| Group and section |  |
| To take part in the proposed activity:- | Patrol Leader Training16-11-19 |  | Contact name and telephone numbers: | 12 |
| D.O.B |   |  |
| Please state if your child has a condition which may be affected by activity, e.g. asthma:- |  |  | Contact e-mail address:- |  |
| Medicines currently being taken |  |  | **Medical consent**I understand that the Leader reserves the right to send any participants home if necessary. 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 the Leader in charge of the activity to sign any document required by the hospital authorities.**Mobile phones**Central Notts Scout District has a policy of not permitting the mobile phones of young people on its activities. If you need to contact your child please ring the number provided by your group. **Photograph declaration**On occasions, photographs, videos and audio of Scouts taking part in activities may be submitted to the local newspapers, the Group, District or County newsletters, websites or put on display. If you have any objections please indicate you are not willing for your child's image to be used in this way by ticking the box. |
| Name, address and telephone of own Doctor:- |  |  |
| Does you child have any dietary needs?:- |  |
| Has your child been in contact with any infectious diseases within the past 3 weeks? |  |  | Signed:- |  |
|  | Relationship to child |  |
| Date of last tetanus immunisation:- |  |  | Date:- |  |

Where necessary please provide further information on a separate piece of paper and attach to the back of this form. If any information on this form changes please notify your leader and complete a new form.

Note: The medical profession takes the view that the parent’s consent to medical treatment cannot be delegated. This view is explicit in the Childrens 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 the medical authorities.