



MEDICAL/HEALTH FORM

Name of Scout	Date of Birth
Home Address	
Home Phone No	
Alternative No (e.g. mobile)	

SECTION ONE: First Aid Materials.

I authorise the following first aid materials (or similar) for use for my child. (Please tick boxes as appropriate):

Elastoplast		Savlon Cream		Micropore Tape		Waspeze	
Burneze		Antiseptic Wipes		TCP			

I also authorise the use of paracetamol tablets for headaches (CAMP ONLY) | YES/NO

Signed:	Name: (Please Print)
Parent/Guardian	

SECTION TWO: Allergies.

If your child suffers from any allergies, please list them here. Please include any foods that your child may be allergic to. It would also be helpful if you could list the symptoms of the allergy to help us recognise any reaction.

SECTION THREE: Medications.

If your child regularly uses medication (e.g. an inhaler for asthma) please tell us about it below indicating the frequency of use.

SECTION FOUR: Emergency Authority.

If an emergency occurs and you cannot be contacted we may need to act on your behalf in getting the correct treatment for your child. We cannot do this without a prior authorisation from you. If you wish us to act on your behalf, please complete and sign the following. If you do not wish us to act on your behalf please cross through the statement.

I, _____, being the Parent or Guardian of _____
Authorise the warranted Leader of Stockton Brook Scout Troop to act in my place in any emergency concerning my child's welfare, health or safety.

Signed _____ Parent/Guardian