

Viking Explorer Scout Unit

Parents' Permission and Health Form

Leaders: Eileen Buglass and Vince Haynes

This form asks for parents' permission for their child to take part in:-

Weekly Unit meetings, weekends away, adventurous activities, Explorer expeditions & all other Scouting activities.

In the event of your child needing medical treatment the information requested below may help the medical authorities in deciding on an appropriate course of action/treatment.

First Name	NHS Number
Surname	Latest Tetanus Date
Address	Doctor's Name & Address
Postcode	Postcode
Date of Birth	Telephone

Parent/Guardian name(s)

Emergency Contact Phone Number(s)

Parent Email address

Explorer Scout Email address

Explorer Scout Mobile Phone Number

Please provide below any information which may be useful to the leaders:-

1. Any known allergies/sensitivities/disabilities and details of known precautions or remedies.

2. Details of any medicines/diets/treatments currently being taken/followed (including dosage details) & the specialist/ hospital concerned.

3. Any long-term medical conditions e.g. Asthma, heart condition and limb/joint problems.

All medication should be clearly labelled. Each Explorer Scout is responsible for their own medication unless agreed with an Explorer Scout Leader.

- I hereby give permission for my child to attend organised Explorer Scout Activities.
- I do/do not give permission for my child's photograph to be used for Explorer Scout publicity purposes.

Please inform one of the leaders of any significant changes to the details on this form.

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