

1st Lower Morden Scout Group

Child Medical Form



Please note: This form must be completed by the Parent or Guardian so that leaders can provide medical assistance to your child, if necessary. Please let us know about any medical conditions that might affect medical treatment, in the event of an illness or accident. If your child requires medical treatment and you cannot be contacted, this form authorises the leader in charge, or a trained first aider, to sign any documents required by the hospital authorities.

| | |
|------------------------|--|
| Childs Details: | |
| Name | |
| Date of Birth: | |
| Address: | |

| | | |
|---|-----|----|
| Does your child take any regular medication? (If so, please fill out the details on the table on the back of this form) | Yes | No |
|---|-----|----|

| | | |
|--|-----|----|
| Are there any medical conditions we should be aware of? | Yes | No |
|--|-----|----|

| | |
|-----------------------------------|--|
| Emergency Contact Details: | |
| Name | |
| Phone: | |
| Address: | |

| | | |
|--|-----|----|
| Does your child have any allergies? | Yes | No |
|--|-----|----|

| | | |
|---|-----|----|
| Does your child have any dietary requirements? | Yes | No |
|---|-----|----|

| | |
|-------------------------|--|
| Doctors Details: | |
| Name | |
| Phone: | |
| Address: | |

| | | |
|--|-----|----|
| Has your child been incontact with any infectious diseases in the last 3 weeks? | Yes | No |
|--|-----|----|

| | |
|----------------------------------|--|
| Date of Tetnus injection? | |
|----------------------------------|--|

| | |
|--------------------|--|
| NHS Number: | |
|--------------------|--|

Name of Child:

As part of our First Aid provisions on camp, the following medication will be carried in our first aid kit and provided if required. Please indicate which medication may be used (tick box as appropriate):

| Item | Reason Used | Yes | No |
|-------------------------|--------------------------------|-----|----|
| Savlon Antiseptic Cream | Antiseptic on cuts / grazes | | |
| Savlon Antiseptic Spray | Antiseptic on cuts / grazes | | |
| E45 Cream | Dry Skin | | |
| Talcum Powder | To help dry skin, e.g wet feet | | |
| Paracetamol / Nurofen | Painkiller | | |
| Ibuprofen | Treat pain of inflammation | | |
| Calpol | Pain relief | | |
| Piriton | Hayfever | | |
| Gaviscon | Upset Stomach | | |
| Anthisan Bite Cream | Insect bites and stings | | |
| Immodium | Diarrhoea | | |
| Strepsils | Sore Throat | | |
| Deep Heat | Muscle Pain | | |
| Deep Freeze | Sprains and Strains | | |

I give permission for my child to receive medication as instructed above

Parent/ Guardian Signature

Date

ANY ADDITIONAL INFORMATION CAN BE WRITTEN HERE:-

Details of any regular medication taken:

| Name of Medication | Purpose | Frequency and Dosage | Any further comments |
|--------------------|---------|----------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

This form will be destroyed after the completion of the Camp or Expedition it was intended for. Forms should be returned to the Leader in charge by the date requested.

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