



In Case of Emergency (ICE) and Health Form 2018

Please complete this form in BLOCK CAPITALS

Surname		Date of Birth	
Forename(s)		Postcode	
School		NHS Number	
Parent's religion (if any)		Date of last tetanus injection:	
He / She can swim 50m and stay afloat for 5 minutes in light clothing		YES ____ NO ____	
He / She can participate in Scout water / swimming activities (under supervision)		YES ____ NO ____	
Home address: _____ _____ _____		ICE Contact 1 - Name and address _____ _____ _____	
Telephone _____		Telephone _____	
		Relationship _____	
Parent's email address _____		Mobile _____	
ICE Contact 2 - Name and address _____ _____		ICE Contact 3 - Name and address _____ _____	
Telephone _____		Telephone _____	
Relationship _____		Relationship _____	
Doctor's name _____		Telephone _____	
Surgery address: _____			

The information contained on this form will be kept securely and in confidence by the 19th Wimbledon Scout Group, and will only be used by the Leaders and designated First Aiders at Scouting events and activities.

Please inform a Leader / First Aider if any of the information given on this form changes. This form will otherwise be held to be valid and up to date until 31st December 2018.

Note - All activities will be run in accordance with The Scout Association's safety rules. No responsibility for the personal equipment / clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

The appointed Scouter or First Aider will give minor medical treatment. If it becomes necessary for my child to receive more serious medical treatment (e.g. from a Doctor or Hospital) 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 Event First Aiders to sign any document required by the Hospital authorities.

I will inform the Event Leader or Event First Aider if my son / daughter has been in contact with any infectious diseases within three weeks before an event (e.g. chicken pox, measles, mumps, rubella, whooping cough, diphtheria etc).

I give permission for my son / daughter to appear in photos taken at Scouting events and activities, which may then appear in the Group newsletter or on the Group website / social media sites or in other displays at Scouting events (e.g. County AGM / Scouting Magazine). Full names will never appear on the website.

I will inform the Leaders if any of the information given on this form changes before **31st December, 2018**.

Name of Parent / Guardian	Relationship to Young Person
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SIGNATURE	Date
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The Event Leader or designated First Aiders may administer the appropriate minor treatment / precautions (as listed below) if required. Please delete any you do NOT want your son / daughter to receive, or indicate any known adverse reactions:

Headache - Calpol 6+ / Paracetamol or similar non-prescription products _____

Stomach Upset - Gaviscon tablets/liquid or similar non-prescription products _____

Cuts / Grazes - Plasters or similar non-prescription products _____

Colds etc - Calpol 6+ / Paracetamol or similar non-prescription products _____

Sunburn, Nettle rash - Calamine lotion or similar non-prescription products _____

Insect bites/Allergic reactions - Piriton or similar non-prescription products _____

Muscle Strain / Sprains (if no hospital visit deemed necessary) - Paracetamol _____

In the space below, please give details of the following:

- Any know allergies / disabilities including behavioural and learning difficulties and details of any known precautions or remedies (e.g. allergies to medicines, travel sickness, bed-wetting, asthma, nosebleeds)
- Any special dietary requirements / food allergies / forbidden foods (e.g. vegetarian etc)
- Details of any medicines / diets / treatments currently being taken / followed (including dosage details) and the Specialist / Hospital concerned if appropriate. Please include any non-prescription preparations such as cough sweets or herbal medicines.
NB - all medicines need to be clearly labelled with name and exact dosages, and should be handed in to the First Aider before departure.

NOTE: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason, Leaders will not insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.