



ACTIVITY AND CAMP HEALTH FORM

Please provide the following details and ensure you return this form to the Trip Leader at least two weeks prior to the event.

EXPLORERS

Please use overleaf if more space is required.

TRIP / ACTIVITY DATE(S)

EXPLORER'S INFORMATION

YOUR EMERGENCY CONTACT INFORMATION

Their name:

Your name:

.....

Your mobile number:

Their gender: M/F:

Your home number: (.....)

Their date of birth: / /

Alternative contact name (please state relationship):
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Their mobile number:

Their mobile number:

Their home address:

Their home number: (.....)

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Alternative contact name (please state relationship):
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.....

.....

Their mobile number:

Their postcode:

Their home number: (.....)

Do you give permission for photo's of your Explorer to be taken for promotional or reflection purposes?

yes no

and be uploaded to our website and Facebook, maybe over the duration the activity/camp itself?

yes no

Can your Explorer swim at least 50 metres and stay afloat for five minutes in light clothing?

yes no

MEDICAL INFORMATION

Explorer's Doctor's name:

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Doctor's address:

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Details of any medication your Explorer is currently taking:

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Details of any disabilities, conditions, allergies, dietary requirements, special needs or cultural needs that your Explorer has, and that needs to be brought to the Leader's attention:

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Details of any infectious diseases your Explorer has been in contact with in the last three weeks:

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MEDICAL DECLARATION

If it becomes necessary for the named to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and I authorise the Leader in Charge of the camp to hereby sign any documents by the hospital authorities.

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.

However, it can be a great comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.

Your signature:

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Print name:

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Date:

...../...../.....