



Health Information Form

2018 Chamboree Camp

Location: Cheshire Showground; Flittogate Ln, Tabley, Knutsford WA16 0HJ
Permit holders: Mike Brown, Ryan Bennett, Alison Griffen, Penny Heyworth
First Aiders: Mike Brown, Craig Bennett, Sarah Bennett (GG Member#3537248)

From 28th July to 4th August
 (Scouts, Guides, Rangers) and
 27th to 29th July (Cubs, Brownies)

This section (both sides) is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. In the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)

Surname
Forenames
Religion (optional disclosure):

Date of Birth
National Health Service Number
Date of last Tetanus injection

Parent/Guardians Address During the Camp/Holiday Note, parent/guardian <u>must be contactable and available to collect from the camp in case of illness</u>
Telephone
Secondary contact address in case of emergency:
Telephone

Family Doctors Name and Address
Telephone
Activities permission. Please tick as required. No tick <u>will</u> prevent your child taking part in these activities.
<input type="checkbox"/> He/She can swim 50 metres and tread water
<input type="checkbox"/> He/She can take part in supervised water activities
<input type="checkbox"/> He/She can take part in supervised shooting activities

Permission to camp / behaviour management: I hereby give permission for my child to attend the aforementioned Camp/Holiday. I understand that the Camp Leader or Deputy reserves the right to send any participants home if necessary due to behavioural or health/safety concerns.

In loco Parentis: If it becomes necessary for my child to receive medical treatment 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 Camp/Holiday leader named above (or in their absence one of their delegates), to sign any document required by the hospital authorities – in loco parentis.

Shooting permission: If I have granted permission above, I declare that this young person is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for them to undertake Air Rifle Shooting and Laser Clay Shooting. If I am not granting permission for shooting or water activities, I will explain this to my child before the camp.

Photo/Media policy: During Chamboree 2018 there will be photographic and video recording of the event. Guidelines will be issued to those attending the camp about the appropriate use of cameras and recording equipment. Any inappropriate use will result in pictures/recordings being confiscated and those involved will be required to leave the site. However, attendance at Chamboree automatically grants permission for likenesses and voices to be included in pictures/recordings of the event.

GDPR: By signing below I am also agreeing to personal data records being held on paper, on the Chamboree booking system and on other systems enabling the group to manage the event. Data will be retained for 3 months following the event and then securely destroyed.

Name of Parent/Guardian

Relationship to Young Person

Signature

Date

Cotton Wool	Asprin(only used for suspected heart attack)	Paracetamol	Ibuprofen(will not be given to asthmatics)
Milk of Magnesia	Antiseptic cream	Antiseptic fluid	Wasp-ease
Plasters			Burn-ease
			Cough Syrup

Please inform us if your son/daughter has any illness, however slight, in the 2 weeks leading up to the camp.

1. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

2..Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets , herbal medicines). *If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to the Camp Leader/First Aider on arrival. Participants will self medicate.*

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Parent Signature (Page 2)