



Health / Activity Information Form

This section to be completed by the Contingent Leader

Event Location:		From	To
Contingent Leader	Assistant Leaders		

The following section is to be completed by the Parent or Guardian or participant (if over 18). Please answer the following questions as fully as possible, as in the event of the participant requiring emergency treatment within **Country, it will help the medical authorities in deciding which is the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)**

1.0 PARTICIPANT PERSONAL DETAILS & EMERGENCY CONTACTS

Participant Surname	Date of Birth
Participant Forenames	National Health Service Number
Parent/Guardians/Next of Kin Address During the Expedition (Daytime 9-5)	Parent/Guardians/Next of Kin Address During the Expedition (Evenings/ Weekends)
Telephone	Telephone
Participants Doctors Name and Address	Passport Start Date
	Passport End Date
	Passport Number:
Telephone	

The participants dietary requirements are:

2.0 PARENTAL ACTIVITY AUTHORITY

I hereby give permission for myself/ my child (the participant named overleaf) to attend the **Country** Trip. I am fully aware of the itinerary (attached) and have had the risk clearly explained with each activity within the programme.

He/She/I may bathe in the Hotel swimming pools and public baths with supervision of a lifeguard if authorised by the Contingent Leader	Yes	No
He/She/I may bathe in the Sea / Rivers with supervision of a lifeguard if authorised by the Contingent Leader	Yes	No
He/She/I may participate in the following activities : Activity 1 Activity 2 etc	Yes	No
He/She/I can swim 50 metres fully clothed and is able to stay afloat for 5 Mins (if no please give details of ability)	Yes	No
I DO NOT wish the participant to participate in the following activities (If for medical reasons please give details of medical condition)		
Name of Parent/Guardian/Participant(if over 18)		Relationship to Participant
Signature		Date

3.0 MEDICAL INFORMATION

I confirm the following immunisations/information regarding the participant:

I/He/She am/is immunised against Polio	Yes	No
I/He/She am/is immunised against Diphtheria	Yes	No
I/He/She will take the necessary precautions against the risk of Thrombosis during the flight	Yes	No
I/He/She has had a tetanus injection in the last 10 years	Yes	No

The participant also has had the following vaccinations for **XXXXX** / previous international travel which are currently in date:

The participant also has religious beliefs which would deny the following courses of treatment:

I confirm that the participants Blood Group (if known) is:

The participant has given blood in the 6 months prior to departure	Yes	No
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The Contingent Leader (or in their absence one of the Assistant Leaders named overleaf) may administer the appropriate minor treatment/precautions for the following . (In the notes section please give details if only specific medication can be used or what is regularly used to treat the ailment)

Headache	Yes	No	Notes
Stomach Upset	Yes	No	Notes
Cuts & Grazes	Yes	No	Notes
Colds etc	Yes	No	Notes
Broken Bones	Yes	No	Notes
Insect/Animal Bites	Yes	No	Notes
Travel Sickness	Yes	No	Notes
Sun Stroke & Dehydration	Yes	No	Notes
Other Specific Ailments (Please list)	Yes	No	Notes

The participant may NOT be given the following medication

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<p>In the space below please give details of the following:-</p> <p>1. Any Known Infectious Diseases with which the participant (named overleaf) has been in contact recently (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)</p>	
<p>2. Any Known Allergies/Sensitivities/Disabilities/Phobias and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma, nut allergies, bee stings, insect bites etc.)</p>	
<p>3. 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). Please staple a photocopy of any medications and prescriptions to the back of this form. (If He/She has to take any Medicines, the participant should also take a copy of their prescription with them and keep it with the medication at all times in order to produce it for the relevant authorities)</p>	
<p>4. Any Medical Conditions that the participant has or has had in the past which may affect any of the activities named in the itinerary (e.g. asthma, diabetes, epilepsy, eczema, breathing problems, panic attacks, ear or eye problems - In particular Heart Problems, Lung Problems and Altitude Sickness etc)</p>	

Please continue on a separate sheet if required (Remember to include the participants name on any separate sheets and attach them securely to this form)

I confirm that prior to departure I will make the Contingent Leader aware of any side effects that have been encountered by the participant as a result of taking any medication.

I understand that it is my responsibility to ensure that the participant is fully immunised as per my doctor's advice. In addition, I confirm I have taken all the necessary precautions as per my doctor's advice for travelling to **Country** and participating in the itinerary.

If it becomes necessary for the participant 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 Contingent Leader named in this document (or in their absence one of the assistant leaders named in this document), to sign any document required by the hospital authorities.

I will inform the Contingent Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian/Participant(if over 18)	Relationship to Participant
Signature	Date

4.0 INSURANCE & CANCELLATION

I confirm that I understand that whilst under the influence of illegal substances or alcohol (regardless of amount) the Scout Association insurance is invalid and as a consequence the participant is not insured

I understand that should I have taken additional insurance for the **Country** Trip, that it is my responsibility to deal with the insurance company direct

I understand and accept that in the event of any cancellation of the **Country** trip, I will only be entitled to a refund of monies which can be recouped from external suppliers. This cancellation policy includes the following scenarios

Cancellation due to Civil Unrest

Cancellation due to Scout Headquarters refusing permission

Cancellation due to Foreign Office advice

Cancellation due to environmental factors (flood, volcano eruption etc)

Early return due to circumstances in **Country**

In addition, I understand that should the Participant fail to meet the contingent at the designated pickup point on **XXXXX**, with the required equipment (as stated on the Kit List), then the Contingent will leave on time without the participant. I will only be entitled to a refund of monies when they can be recouped from external suppliers

Name of Parent/Guardian/Participant(if over 18)	Relationship to Participant
Signature	Date

5.0 PERSONAL DECLARATION

I confirm that I have been made aware and understand the risks involved in the **Country** Trip, I have read the activity waivers that have been provided to me for the various activities to be undertaken in **Country** and am happy for I/my child to take part. I confirm that I/my child will be taking all medical precautions deemed necessary by my own GP and will advise the Contingent Leader with a clear summary of immunisations taken.

In addition, I/they will be in possession of the Full Official Scout Uniform and all the necessary items and documents, as listed on the kit list.

I understand that the **Country** leadership team has used best endeavours to cater for all personal needs and I do accept that it may not always be possible to accommodate personal preferences in **Country**.

I hereby give my permission for the Contingent Leader; or a delegated member of his leadership team to act on my behalf and take appropriate action to minimise risks, protect the group and safeguard the reputation of the Scout Association should I/my child act in an inappropriate manner. I understand that should I/my child be detained or arrested during the trip on civil or criminal charges, then the Contingent Leader will notify the British Embassy to act on my/my child's behalf. I also understand that any costs that are incurred as a direct result of I/my child's inappropriate behaviour (including any repatriation costs) will be my responsibility.

I confirm that all information given in this document is correct and should any of it change prior to the trip I will notify the Contingent Leader immediately

Name of Parent/Guardian/Participant(if over 18)	Relationship to Participant
Signature	Date