



Medical form

All sections of this form should be completed. Please complete all sections using CAPITAL LETTERS.

Explorer's Details

Surname

First name

Home address

Postcode

Date of birth

Sex (M/F)

Doctors name and address

Doctors telephone number

NHS number

Date of last tetanus immunisation

Known allergies

Current medical or personal problems

Special dietary requirements

Current medication

Emergency contact details

Surname

First name

Relationship to explorer

Contact number

Alternative number

If it becomes necessary for my child to receive emergency medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

Signature and Date

Name

Signature

Date

Dates of camp

*Note: The medical profession takes the view that 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 particular treatment has the right to do so. For this reason we do not insist on parents signing the statement above. 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. Please delete this part of the statement if you do not wish to sign it