

DISCOVERY EXPLORER SCOUT UNIT MEDICAL FORM

Activity Dates : _____ to _____
Location : _____

Explorer Name : _____

Address : _____

Home phone no. : _____

Date of birth : _____ Medical number : _____

Is he/she travel sick? : Yes / No Can he/she swim 50 m?: Yes / No

Has he/she been inoculated against Tetanus : Yes / No

Has he/she any allergies: : Yes / No
If yes, please give details:- _____

Does he/she follow a special diet? : Yes / No
If yes, please give details :- _____

Does he/she take any medicines : Yes / No
(if yes, please give details) _____

Has he/she any weakness or complaints? : Yes / No
(this includes any problems at nighttime i.e. sleep-walking) _____

If we are unable to contact you, please write the name and phone number of a second contact:-

Name : _____

Phone number : _____

Home Doctors name: _____

Address : _____

Phone number : _____

If any of the above details change before we depart, please inform the leader in charge.

IN THE EVENT OF ILLNESS OR ACCIDENT NEEDING EMERGENCY HOSPITAL TREATMENT AND I CANNOT BE CONTACTED, I AUTHORISE THE LEADER IN CHARGE TO AGREE TO ANY TREATMENT.

Signed (Parent/Guardian/Self) _____ Date _____

You can only sign this Medical/Consent Form if you are over 18 years of age.

NB All the above information will be kept in a confidential file and will be destroyed after the activity.