

8th Ashford Scouts - Adult Medical Form

Please complete and return the lower section of this form, Top section to be retained for your information

Camp/Activity Leader: Howard Weetch
Telephone number: 01784 256836 07976 735212
Event: Ypres International Camp
Taking place at:
Schraevenacker
Kasteelweg 21
B8640 Oost Vleteren
Belgium www.madebyyou.be/schraevenacker

From: Fri 09.11.18 leaving HQ 07:00 hrs
To: Sun 11.11.18 returning HQ 19:00 hrs
Cost : £ TBC contact H Weetch during JULY
(cheques payable to 8th Ashford Scout Group or contact
louise.sears@virgin.net for direct payment details)

Please return this completed form with your payment by 30.09.18

Home Contact (In emergency only):
Mella Eyre 07920 522962

All activities will be run in accordance with The Scout Association's safety rules. No responsibility for personal equipment/clothing and effects can be accepted by the camp/activity organisers and The Scout Association does not provide automatic insurance cover in respect of such items.

This part to be returned to C Reed by 30/09/18 + payment

Name: _____

Attending the Camp/Activity:
Schraevenacker
Kasteelweg 21
B8640 Oost Vleteren Belgium

Have you been in contact with any infectious diseases
within the last three weeks?

Date of last tetanus immunisation:

Medicines currently being taken:

You must advise the Camp Leader on departure, of any medicines (prescribed or not) that you are taking since the completion of this form. All medical information received is strictly confidential and would only be divulged to medical professionals if emergency treatment is necessary. Please ensure that all medicines are kept safe in your possession.

Do you have any allergies to food, medicines or other?

Do you have any special dietary needs?

Do you have any other special needs?

Passport Checked	Y	N
EHIC Ins Card	Have one	Applied For
Date of birth:	_____	_____

National Health Number (Requirement)

Have you paid by direct transfer	Y	N
Have you enclosed a cheque	Y	N

Name, address and telephone number of own doctor:

Next of kin:

Relationship:

Next of kin address & telephone contact during event:

I understand that the Camp Leader reserves the right to send any participants home if necessary. If it becomes necessary for me to receive medical treatment and my next of kin 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 Scouter in charge of the camp/activity to sign any document required by the hospital authorities.

I have received a Yellow Scout Association Child Protection Policy card and agree to abide by its terms of conduct at all times

Signed : _____

Date: _____

I give my consent for photographs to be taken which can be used for publicity within the Scout Association and on scouting websites. I understand that any photographs used will be in accordance with the Child Protection Policy of the Scout Association (i.e. names and other personal information will not be used).

Note: The medical profession takes the view that the consent to medical treatment cannot be delegated. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a next of kin to particular treatment has the right to do so. For this reason we do not recommend that leaders insist on you signing the statement above. However it can be a comfort to the medical staff to have general consent in advance from you or to have a leader on hand able to sign forms required by medical authorities.