**Adult/Young Person Health Information Form**

(EVENT NAME / DATE)

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|  | **Childs Details/Adult** | |  |
| Forename(s): | Surname: | | Date of Birth: |
| Group: | Leaders Name: | | NHS Number: |
| Home Address: | Doctors Name and Address:  Doctors Tel: | |  |
| Parent/Guardian details during event:  Name:  Tel: |
|  | |  | |
| Medical Conditions: | | Medications Taken Dosage | |
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| *Any Allergies - (What to, and any established treatment e.g. Brazil Nuts - 1 x Epipen [has brought 2 to event])* | | | |
| Consent | | | |
| I hereby give my general consent for the event leader or designated First Aider to:   * Provide any necessary medical treatment, * Administer medications to treat minor injuries or medical conditions, * Sign any documentation as required in the event of hospital treatment. This includes appropriate treatments for colds, flu, stomach upsets, cuts and grazes, headaches, and other minor illnesses as deemed necessary * I understand that the information provided is for the wellbeing of the named person at Tynemouth Scouts Event and agree to this information being shared when necessary for the wellbeing of the named person. * This information will be destroyed within 2 weeks of the end of the event unless required for legal reasons. | | | |
| Name | | Signature | |
| Relationship to child | | Date | |
| ADDITIONAL INFORMATION – Is there anything else you think we need to be aware of? Please use reverse of this form if necessary. | | | |

Tynemouth Scouts – (Event Title) - (Event Dates)