

## Parental Consent

### Part A: Consent to attend

I consent to .....(Child's name) taking part in  
\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_

Signed ..... (Parent / Guardian)\*

Date.....

### Contact details

#1, Name, Relationship, Address, Tele No.	#2, Name, Relationship, Address, Tele No.

**Please provide an alternative address and telephone number in contact #2.**

### Part B: Medical consent

*This gives authority for the Leader in charge to administer medication as supplied and instructed by you to your child, provide the medical authorities with any relevant personal information in the event of an emergency, and sign any document required by the medical authorities.*

I give my consent for the Leader in charge to administer medication as supplied and instructed on this form, give any relevant personal information to the medical authorities, and my general consent for the Leader in charge to sign any document required by the medical authorities, if I cannot be contacted by telephone or by any other means to authorise this, if it becomes necessary for  
..... (Child's name) to receive medical treatment.

Signed ..... (Parent / Guardian)\*

Date.....

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. The medical consent forms have no legal status and a doctor / nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, The Scout Association does not recommend that leaders insist on signing the statement above. However it can be a comfort to medical staff to have a general consent in advance from parents or to have a leader on hand able to sign for forms required by medical authorities.

**Part C: Personal Details**

Date of Birth .....

Date of last tetanus immunisation .....

Allergies (please give details) .....

Mobility difficulties .....

Special dietary requirements .....

Name, address & phone number of family doctor

Medicines currently being taken

- Medicine .....
- Dosage .....
- Frequency .....
- Administration \*

By Child	yes / no
Supervised	yes / no
By leader	yes / no

.....

• If category A are drugs involved please tick box

• Special instructions

Please continue on a separate sheet, if you wish to give any other information which you consider necessary for the Scouter in charge to know.

**Important**

*To attend the activity this form must be completed and returned prior to the event.*

*This form will be held by the Leader in charge of the activity.*

*# In the event of an emergency relevant personal information will given to the emergency & medical services.*

*No information given will be disclosed to third parties, except the emergency & medical services.*

*The information given will be kept by the Scout Movement for Scouting purposes.*