

# TAESU Health Form



**Please note:** It is important that this form is completed accurately so that any of the leaders with responsibility to giving first aid treatment can provide assistance to your son/daughter as necessary. Any concerns regarding treatment can be discussed either with the camp leader or first aider in charge.

Scouts Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_  
Parents Mobile \_\_\_\_\_  
Parents Mobile 2 \_\_\_\_\_

Do you/Does s/he have any particular food dislikes (e.g. will not eat potatoes) \*YES/NO If YES please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In case of not being able to contact parents you should contact the following person (not Parents):**  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_  
mobile \_\_\_\_\_

**All medication required for camp should be handed in to the First aider or Camp Leader, clearly marked with name and full instructions for use. Spare inhalers and epipens should also be handed in.**

The following medication will be available if required. Please indicate which may be used on your child:

Antihistamine cream (5%) not for face \_\_\_\_\_ (\*YES/NO)  
Paracetamol tablets \_\_\_\_\_ (\*YES/NO)  
Piriton syrup \_\_\_\_\_ (\*YES/NO)  
Calpol \_\_\_\_\_ (\*YES/NO)  
Plasters \_\_\_\_\_ (\*YES/NO)

**Family Doctor**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of Anti-tetanus \_\_\_\_\_

**I give permission for photographs taken of my child on scouting events to be used for scouting publicity purposes.**

**I will inform the Scout leader if any of the information on this form changes before my child goes away.**

**I am aware that the Scout leaders have the right to send my child home from camp or an event if their behaviour is deemed dangerous or prejudices the good order of the event**

Does s/he suffer from Asthma, Chest complaints, Fits or Faints, Autistic Spectrum Disorders, Attention disorders or any other illness/disability \*YES/NO If YES please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY PERMISSION**

I authorise the leader or first aider

To give permission for my child to receive medication as instructed on this form and any emergency dental, medical or surgical treatment including anaesthetic as considered necessary by the medical authorities.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_  
Date \_\_\_\_\_

**Note:-** The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989.

The medical consent form has no legal status and a Doctor / Nurse insisting on the consent of a parent to any particular treatment has the right to do so, however it can be a comfort to medical staff to have a Leader on hand able to sign forms required by the medical authorities

Is s/he allergic to anything (eg medicines, food etc) \*YES/NO if YES please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you/ Is s/he reviving any medical treatment at present? \*YES/NO if YES please give details: (including medicines etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_