

Forenames	Surname
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Ski trip – Adult consent & health information form

This form has to be completed by every adult attending the ski trip (person over 18 years old)

The small print

I am willing to attend the Scout Skiing trip at Bardonecchia, Italy. Between **Saturday 16th February and Sunday 24th February 2007.**

All activities will be run in accordance with the Scout Association's rules (POR). No responsibility for personal equipment / clothing and effects can be accepted by the Ski trip organisers and the Scout Association does not provide automatic cover in respect of such items.

Photographs and video images will be taken on this Ski trip. These images will be used, in accordance with POR for promotion of the Group, the Group's records, possible articles for the local paper or for insert onto our website, or in other ways to promote scouting.

I will list below any medicines, treatments to be taken or special diet to be followed during the ski trip and the appropriate hospital or specialist concerned if under any treatment. I will also ensure that any medicines I required during the ski trip are handed to the person responsible for first aid, in their original containers issued by the doctor/pharmacist, with the dosage clearly, shown before the ski trip.

I agree to allow the person responsible for first aid to administer any reasonable 'off the shelf' medical remedied as necessary. All treatment will be recorded on the other side of this form.

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*1 to any necessary medical treatment and authorise the Scouter in charge of the ski trip to sign any documents required by the hospital authorities.

I understand that the Scout Leader reserves the right to send any participants home if he deems necessary.

This form will be copied three times for the home contact & ski trip Leaders. All copies will be destroyed after the ski trip. The data will not be entered into any electronic storage device or passed at any third parties.

Personal details

My date of birth	Other useful information I think you should know about me (ie any special needs)		
My age on 1 st February 2008			
My gender		Female	Male
My national health number			
My passport number			

Medical details

I have the following allergies/sensitivities	I am currently taking the following medicines											
<table border="1"> <tr> <td>Asthma</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Hay fever</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Penicillin</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Plasters</td> <td>Yes</td> <td>No</td> </tr> </table>		Asthma	Yes	No	Hay fever	Yes	No	Penicillin	Yes	No	Plasters	Yes
Asthma	Yes	No										
Hay fever	Yes	No										
Penicillin	Yes	No										
Plasters	Yes	No										
Other medical allergies/sensitivities	I have the following special dietary requirements (Include any food allergies)											
Immunised against tetanus	Yes	No										
Date of last injection												

Contacts

My doctors name	
Practice	
Address	
Telephone	
My home Address	
	Postcode
Telephone daytime	Telephone evening
My next of Kin	Relationship
Their address	
	Postcode
Telephone	Mobile

Signature

Signed		AD
Name	Date	

Note: *1 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. Thus 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. However, it can be a comfort to the medical staff that the general consent in advance from parents has been given or to have a Leader on hand able to sign forms required by medical authorities.

