

Parental Consent Form



General Consent

I / We the parents of _____

who was born on _____

hereby give permission for my / our child to partake in _____ activity involving the _____ Scout Group

from the period commencing _____

to _____ I / We appoint the leaders as specified in the schedule hereto, as Guardians of our child during the said period.

I / We further authorise, confirm and agree that the leaders specified in the schedule hereto shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves, would be able to do so.

I / We give our consent to our child being photographed during scouting activities and further agree and consent to such images being used for promotional and for record purposes.

Other Details

	Yes	No
Has my/our permission to take part in supervised swimming and water sports	<input type="checkbox"/>	<input type="checkbox"/>
Is able to swim	<input type="checkbox"/>	<input type="checkbox"/>

Medical Consent

I / We understand that In the event of my / our child requiring medical attention all reasonable efforts will be made to contact the me / us (and the Alternative Emergency Contact if I / We are uncontactable) at the contact numbers provided on this consent.

In the event of my / our child being taken ill or injured during the period of this consent, I / we hereby authorise and direct and appoint anyone of the leaders specified hereto as my / our Attorney for the purpose of giving consent to all and any forms of surgical and medical treatment (including Anesthesia) recommended by competent medical authorities, where it would be contrary to my son / daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my / our personal consent. I / we hereby direct all hospitals and medical institutions to recognise the authority here granted. I / We further authorise the leaders specified hereunder to sign, on our behalf, any written form of consent required for such medical or surgical treatment. I / We confirm the Medical Details in relation to my / our child are correct.

Medical Details

Yes No

Has had a Tetanus immunisation (if immunisation has been obtained, give details of number and type of injections and dates of booster injections on the reverse of this form.)

Has received a Meningitis Immunisation (if immunised, please give details on reverse)

Has had Rabies inoculation (if inoculated, give date of inoculation and serum type on reverse)

Suffers from Allergies (bee stings, peanuts etc. - give details below)

Is allergic to penicillin

Has been in contact with or exposed to an infectious disease

Is asthmatic (if applicable state medication including inhaler details below)

Suffers from Travel Sickness

Please list here any other relevant medical information including if he / she is suffering from any ailments or conditions which require that he / she be kept under observation and / or receive treatment and / or medication on an ongoing basis.

Family GP Details

Our family G.P. is Dr. _____

Address _____

Telephone: _____

Date of last medical check-up: _____

Contact Details

Name of Parent(s) _____ & _____

Address of Parent(s) _____

Telephone of Parent(s) Work _____ Extn. _____ Home _____

Mobil _____ Email _____

Alternative Emergency Contact _____ Phone _____

Signatures

Signature of Parent(s) _____ Date _____

Witness to Signature of Parent(s) _____

Schedule: List of Leaders who are Authorised as above

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Relevant Information

Please include here any other information that you consider relevant including any special dietary needs, attention disorders, special needs and details of inoculations / immunisations (if applicable)

The information disclosed herein shall be treated as private and confidential