

1st Hensingham Scout Group

1-day Activity Form – Personal Details



For young people under 18, this form should be completed by the parent or guardian. Please read the privacy notice overleaf.

| | | | |
|--|-------------------|------------------------|---------------------------------|
| Event: | | | |
| Scout's full name: | | Date of birth: | |
| Address: | | | Post code: |
| | | | |
| Name of emergency contact during event: | | Relationship to Scout: | |
| Home telephone: | | Mobile: | |
| Scout's doctor's name: | | Doctor's telephone: | |
| Doctor's address: | | | Post code: |
| | | | |
| Details of medicines currently being taken: | | | |
| Details of any allergies (e.g. medicines / foods): | | | Date of last tetanus injection: |
| | | | |
| Swimming: | | | |
| Is he/she able to swim 50 metres and stay afloat for five minutes in normal swim wear? | | | YES / NO |
| Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? | | | YES / NO |
| If NO, can they swim 50 metres and stay afloat for five minutes in light clothing wearing a buoyancy aid? | | | YES / NO |
| Any other information that the leaders should be aware of: | | | |
| <p>I agree to the young person taking part in the event detailed above. I understand that the event Leader reserves the right to send any participants home if deemed necessary.</p> <p>I DO / DO NOT consent to leaders administering over-the-counter medication (e.g. calpol, suncream, etc.) if required.</p> <p>If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.</p> | | | |
| Signature: | | Date: | |
| Print Name: | parent / guardian | | |
| <p>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. 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. For this reason, we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.</p> | | | |

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Privacy notice

This form captures Personal and Special Category Data associated with your attendance at the event/activity. The data captured on this form is required for the Scout Group to:

- Identify the member.
- Look after you during the event, and to deal with an emergency.
- Administer any medications that may be required during the event.
- Sign any papers needed for emergency medical treatment on your behalf.
- Contact emergency contacts in the event of an emergency.
- Inform the event organiser/activity provider of any disabilities, cultural or any additional needs they may need to cater for.
- Verification of parental responsibility for authorisation to register the member for the event.

This data may be shared with external event/activity organisers or providers for the purposes of managing the event/activity. In case of an incident we will share the information on this form with emergency services/medical personnel.

The data will only be accessed by authorised individuals within the Scout Group.

This information will be securely stored as paper records in a locked document case.

The data will be retained for up to 3 months after the event for any queries or reports of incidents from the event.

For more information about how we use your personal data go to hensinghamscouts.org.uk/privacy