

Definitions:-

"Participant" The person named on the front page of this combined medical & consent form as the participant

"The Providers" The Scout Association, Belfast Activity Centre and Mobile Team Adventure.

"Group" Lisburn District Scouts

"Leaders" Adult Leaders and Assistant Leaders attending the 2013 Lisburn District Camp

"Staff" Staff of Belfast Activity Centre or Staff of Mobile Team Adventure

"Signatory" (i)The Legal Guardian of the participant if the participant is under 18 years of age or considered under law as a vulnerable adult,

or

(ii)the participant if they are 18 years of age or older and not considered under law a vulnerable adult.

I the signatory agree the participant can take part in all the activities and that they will abide by the rules and follow any instructions given by Leaders or Staff of the Providers. I understand that Adventure activities are not completely free from risks. Whilst The Centre Staff and Group Leaders takes action to minimise risks and the chances of serious injury are remote the chance of minor injury has to be seen as a possible outcome, much the same as in normal active outdoor play. I understand that participation in the activities program is solely at the digression of the Leader in Charge or provider Staff and they have the right to refuse participation or cancel activities. Leaders & Staff take no responsibility for the loss/ damage of personal items such as mobile phones, camera's jewellery, sleeping bags or clothes.

I hereby give permission for the participant to attend the Lisburn District Scout Camp 2013 and for the participant to take part in all planned activities. Risk assessments for all planned activities are available on request

PHOTOGRAPHY - by participating in this event, you and/or your child agree to the taking of photographs, and may possibly be used on promotional material in future

If it becomes necessary for the participant to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise Staff or any Camp Leader to sign any document required by the Hospital / Medical authorities. I will inform the Leader in Charge, if any of the information given on this form changes before the camp takes place.

**Participant / Parental / Guardian's Consent
(for under 18's and Vulnerable Adults please complete relationship section in addition to name, signed and date)**

Name of Parent /Guardian

Relationship to Young Person

Signed

Date



Combined Medical & Consent Form

Lisburn District Camp

May 3rd to May 6th 2013

In association with



and



Leaders in Charge **Noel Irwin**

Participants Name

D.O.B

Home Address

Home Tel.

Next of Kin /Parent / Guardian

Mobile

& Address if Different

Email 1

Family Doctors

Known Allergies or Sensitivities

none Kiwi Nuts Penicillin Wasp Sting

Other Allergies

Does the participant have an Epipen for any allergies N/A Yes No

Can they self administer N/A Yes No

Is the participant diagnosed with any of the following conditions

ADHD Aspergers Autism **Other** _____

Any physical, sensory or learning disability yes no

If yes, please give details _____

Do you think their is a need for additional Adult supervision whilst taking part in activities because of this condition. N/A Yes No

Duty 1st Aider may administer the following for minor ailments

Paracetamol Antiseptic Cream Sticking Plasters Anthisan Cream

The above ticked boxes will be administered as appropriate (stings and minor cuts and grazes.) If the participant is allergic to any of the above or you wish for an alternative treatment, and in the event of a minor accident you wish the participant to be treated, please supply alternatives.

Alternative Painkiller _____

Alternative Sting _____

Alternative Cuts Grazes _____

Existing Injury _____

Current Medication

(If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should packed in an accessible Daysack Pocket and the Group Leader / Group First Aider given written information on medicine and dose carried.This will passed onto Duty 1st Aider)

Medical Condition	Medication	Dose
_____	_____	_____
_____	_____	_____
_____	_____	_____

other conditions

Asthma Diabetes Vertigo
 Back / Neck problems Epilepsy
 Blackouts Heart Condition

In the space below please give details of additional information or anything not already mentioned including the following:-

- Any Known Infectious Diseases with which the person named overleaf has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
- Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
- Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines).

Or any addition medical information.

Other Info.

Date of Last Tetanus

Are you aware, through your own experience or a doctor's advice of any reason the participant should not take part in physical activity or sport without medical approval? yes no

Can the participant Swim 50m in light clothing yes no

Are they Water Confident yes no

Have you any known medical problems to make emersion in cold water inadvisable. yes no

Dietary Requirements

The participant has the following special dietary requirements