

Name:	Date of birth:
Address:	Home tel no:
	Mobile tel no:
Parents' names:	Parents' work no:
Doctor's name:	Date of last tetanus:
Surgery address:	Any known medical conditions including allergies:
Doctor/surgery tel no:	NHS medical no:
Does your child receive ANY extra support at school? Please include educational, emotional and behavioural support.	Special diet: Any medication:

Do you give permission for a leader to administer first aid to your child should it be necessary?	YES / NO
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In the event that your child requires urgent medical attention and you cannot be contacted, do you give your permission for a leader to sign a medical consent form on your behalf, if in the opinion of a doctor any delay would be unwise?	YES / NO
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Do you give permission for your child to swim under supervision during Scout activities?	YES / NO
Is he/she able to swim 50 metres in light clothing?	YES / NO

Signed: (Parent/Guardian)	Date:
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