

2nd / 6th / 47th Cork — 2014 / 2015

Scouting Ireland
Activities Consent Form

Douglas & St. Finbarres Scout Group Cork Scout Scout County

General Consent

I/We the parent(s) of: _____

who was born on: ____/____/____

hereby give permission for my/our child to take part in all activities organized and run by **Douglas & St. Finbarres** Scout Group, during the Scouting year from

September 2014

to

September 2015

I/We authorize, confirm and agree that the Scouters in **Douglas & St. Finbarres** Scout Group and their nominee (s) 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 acknowledge that photographs of our child / children may be taken for promotional and record purposes. We will discuss any concerns that we have about this with the Scouters in the Group.

Other Details

	Yes	No
Do you give permission for your child to take part in Water Activities?:	☐	☐
Is your child able to swim?:	☐	☐

Medical Consent

I/We understand that in the even of my/our child/children requiring medical attention, all reasonable efforts will be made to contact me/us (or the Alternative Medical 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 consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I/we cannot be contacted for the purpose of giving consent at the time of treatment, I/we hereby authorise the Scouters specified to communicate our consent to any treating medical or dental practitioner.

I/we confirm that the medical details in relation to my/our child are correct.

Medical Details

These are the medical details of my/our child.

If you answer YES to any question, please provide details in the space provided below.

	Yes	No
Has your child any serious illness?:	☐	☐
Does your child take any regular medications?:	☐	☐
Are there any medications that your child is allergic to and / or must not be prescribed?	☐	☐
Does your child have any allergies?:	☐	☐
Has your child any special dietary requirements?:	☐	☐
Has your child been fully vaccinated?: (i.e. 3/5 in 1, Meningitis C, MMR and pre-school booster.)	☐	☐

Family G.P. Details

Family G.P. _____

Address: _____

Date of last checkup: ____/____/____



Scouting Ireland Activities Consent Form (Continued)

Douglas & St. Finbarres Scout Group *Cork South Scout County*



Parent(s) / Guardian(s) Contact Details:

Names: _____

Phone Numbers (Home): _____

Phone Numbers (Work): _____

Phone Numbers (Mobile): _____

Home Address: _____

Email Address: _____

Alternative Emergency Contact Details:

Names: _____

Phone Number: _____

Relationship to Child: _____ (e.g. Aunt, Grandparent, Neighbour, Friend of Parent)

Additional Information:

Signature of Parent(s) / Guardian(s):

Signature: _____

Date: _____ / _____ / _____