

# 2nd / 6th / 47th / 93rd Cork —2017 / 2018

Scouting Ireland  
Activities Consent Form

## Douglas & St. FinBarres Scout Group Cork South 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 annual Scout Camp, JamborI, July-August 2018.

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?: | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child able to swim?:                                             | <input type="checkbox"/> | <input type="checkbox"/> |

### 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?:                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child take any regular medications?:                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any medications that your child is allergic to and / or must not be prescribed?         | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any allergies?:                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child any special dietary requirements?:                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child been fully vaccinated?: (i.e. 3/5 in 1, Meningitis C, MMR and pre-school booster.) | <input type="checkbox"/> | <input type="checkbox"/> |

### Family G.P. Details

Family G.P. \_\_\_\_\_

Address: \_\_\_\_\_

Date of last check-up: \_\_\_\_/\_\_\_\_/\_\_\_\_



# 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_