# 2nd / 6th / 47th / 93rd Cork — 2019 / 2020

**Scouting Ireland**
**Activities Consent Form**

# Douglas & St. FinBarres Scout Group

**Cork South Scout County**

## General Consent

I/We the parent(s) / guardian(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 from August 2019 to September 2020.

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 my/our child 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 event of my/our child 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 form.

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.

/We consent to **Douglas & St. FinBarres** Scout Group having our child's medical information so that it may be used only when necessary, without prior permission, or unless required by law to protect my child.

## 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.) If not, please state what they have received, if any. | ☐ | ☐ |
| Has your child any medical history of which we should be aware? | ☐ | ☐ |

Additional details:

_____

_____

_____

_____

_____

## Family G.P. Details

Family G.P. _____

Address: _____

_____

_____

Date of last check-up: ____/_____/_____

* If you require a Scouter to administer or manage medications a separate 'Managing Medications Form' must be filled in.

SCOUTING IRELAND

# 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 )

* I/We can confirm that the emergency contact identified has been informed that their data has been shared with Scouting Ireland.

### Additional Information:

Please ensure you have provided us with all the data and information we require to ensure your child has the safest and most enjoyable experience in Scouting. Please use the space below to include any additional information including any special needs or conditions (e.g. travel sickness, sleep walking)

_____

_____

_____

_____

_____

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

| | | |
|---|---|---|
| Signature: | _____ | _____ |
| Date: | _____/_____/_____ | _____/_____/_____ |

* Please be aware that if you do not give consent we cannot permit your child to engage in scouting activities, as we will not have the ability to ensure your child's safe participations.
The information provided in this form shall be treated with the utmost confidentiality. None of the information provided shall be disclosed to other parties except appropriate adult members of Scouting Ireland or medical personnel, and only when necessary, without prior permission, or unless required by law. This data collected in this form will be used locally by Douglas & St. FinBarres Scout Group. In addition, the data collected in this form, bar the medical information, will be given to Scouting Ireland, stored on the Membership Management System. For further information please consult your Scout Groups Information Notice and Scouting Ireland's Privacy Notice. Further information is available at https://www.scouts.ie/DataProtection/