

Scouting Ireland Activities Consent Form

The Phoenix Challenge 2010 Form DD

[one per participant]



SIF 11/05

General Consent

I / We the parent(s) / guardian(s) of

_____ who was born on _____ / _____ / _____

hereby give permission for my / our child to partake in

The Phoenix Challenge 2010

from 19th / August / 2010
to 22nd / August / 2010

I / We authorise, confirm and agree that the Scouters specified in the schedule hereto or their nominee 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.

Other Details

	YES	NO
Do you give permission and consent that photographs may be taken for promotional and record purposes during activities which may include your child?	<input type="checkbox"/>	<input type="checkbox"/>
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 event of my / our child requiring medical attention all reasonable efforts will be made to contact me / us (or the Alternative Emergency 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 purposes 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 illnesses?	<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? (ie: 3/5 in 1, Meningitis C, MMR, and pre school booster). If not please state what he / she has received, if any?	<input type="checkbox"/>	<input type="checkbox"/>

Family GP Details

Family GP: _____

Address: _____

Telephone: _____

Date of last check up: _____ / _____ / _____

Activities Consent Form (continued)

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Parent(s) / Guardian(s) Contact Details

Names _____
Phone Numbers: (Home) _____
Phone Numbers: (Work) _____ Ext _____
Phone Numbers: (Mobile) _____
Home Address: _____
Email: _____

Alternative Emergency Contact

Name: _____
Phone Number: _____

Additional Information

Please include any additional information including any special needs or conditions (e.g. travel sickness, sleep walking).

Schedule of Scouters authorised as above

- Stephen Synnott - Programme Commissioner (National Events)
Conor McKeon - Programme Commissioner (Scouts) [Camp Chief]
Ruth Wylie - Programme Commissioner (Venture Scouts)
Ian Davy - Chief Commissioner (Youth Programme)
Patricia Blake - Event Staff
Mary O'Regan - Event Staff
Mark Blake - Event Staff
Andrew Cleary - Event Staff
Margaret O'Riordan - Event Staff

ENTER NAME OF ACCOMPANYING SCOUTER (FORM FF) BELOW:

Signature of Parent(s) / Guardian(s)

Signature: _____
Date: _____ / _____ / _____