



Scouting Ireland Activities Consent Form



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 all activities organised and run by

_____ Scout Group

from _____ / _____ / _____

to _____ / _____ / _____

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

Do you give permission and consent that photographs may be taken for promotional and record purposes during activities which may include your child? 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 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)



SIF 11/05

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent(s) / Guardian(s)

Signature: _____

Date: _____ / _____ / _____