

Scouting Ireland 6th Meath (Ashbourne Scout Group)

Consent Form: Snowdon 2013



General Consent

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

who was born on ____/____/____

hereby give consent for my/our child, who is a member of Scouting Ireland, to travel with Scouting Ireland 6th Meath – Ashbourne Scout Group – to Wales, departing August 3rd 2013 and returning August 8th 2013. Permission is given for him/her to participate in all activities organised and run by Scouting Ireland 6th Meath during the trip.

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.

I/We confirm and agree that our child shall be bound by the Scouting Ireland 6th Meath Code of Conduct, and by the rules pertaining to the trip.

Other Consents/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 not contactable) 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 purposes of giving consent at the time of treatment. I/We hereby authorise the Scouters specified to communicate our consent to any treating medical/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 or other medical conditions?	<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/given?	<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? If not, please state which vaccinations have been received, if any.	<input type="checkbox"/>	<input type="checkbox"/>
Has your child any medical history of which we should be aware?	<input type="checkbox"/>	<input type="checkbox"/>

Family GP Details

Family GP:

Address:

Telephone:

Date of last
checkup:

/ /

Consent Form (continued)



Parent(s)/Guardian(s) Contact Details

	Parent/Guardian #1	Parent/Guardian #2
Names:	<hr/>	<hr/>
Phone (Home):	<hr/>	<hr/>
Phone (Work):	<hr/>	<hr/>
Phone (Mobile):	<hr/>	<hr/>
Postal Address:	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
Email:	<hr/>	<hr/>

Alternative Emergency Contact

Name:	<hr/>
Phone:	<hr/>

Additional Information

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

Schedule of Scouters authorised as above

Declan Brady (Expedition Leader)
David Flynn (Expedition First Aider)
Damian McGrath
Jennifer McGrath
Paul Fanning
Maria Brady

Signatures of Parent(s)/Guardian(s)

	Parent/Guardian #1	Parent/Guardian #2
Signature(s):	<hr/>	<hr/>
Date:	<hr/> / <hr/> / <hr/>	<hr/> / <hr/> / <hr/>

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 adult members of Scouting Ireland or medical personnel, and only when necessary, without prior permission.