

Apollo Explorer Unit Watford South District



EXPLORER PERSONAL INFORMATION FORM

NAME.....

Lees Wood Crew 2019

CRB Clearance and Membership number – required if over 18

Please fill in this form and return it with the payment asap. This information is needed for your child to have a happy and safe Crew and every effort will be made to that end. Toby is a fully qualified First Aider with the Red Cross, and every uniformed leader is First Aid trained. The Crew leaders reserve the right to send your child home from Crew – at your expense – if their behaviour is deemed inappropriate, dangerous, or not aligned with the values of Scouting

Has your child been **immunised against tetanus** within the last 5 years? YES/NO

Has your child any **allergies or sensitivities** eg. Penicillin, Plasters, Disinfectant etc.? YES/NO
If YES please give details on the back.

Will your child need, or be taking any **medicine** during the camp? YES/NO
If YES please:

- a) fill in details on back
- b) please inform Toby of the details and give him the medicines with clear instructions, before the camp.

Does your child have **any condition** that we should know of eg. *Bed Wetting, Sleep Walking, Hyperactivity?* YES/NO
If YES please give details on back.

Does your child require any **special diet** for medical or religious reasons? YES/NO
If YES please give details on back?

His/Her National Health No is

Name and address of family doctor

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Please tell us if your child comes into contact with any infectious diseases within 3 weeks prior to the event.

In the event of any illness or accident requiring emergency hospital treatment, I authorise Mr. T. Stromberg or the CREW LEADER (Apollo Explorer Scout Unit), to sign on my behalf any written form of consent required by the hospital if the delay required to obtain my own signature was considered inadvisable by the doctor or surgeon concerned.

The First Aid kit is available for you to view, and by signing below you give consent for its contents to be administered as and when is seen fit by the qualified first aider (excluding the Neurofen and Aspirin and other medication). If you have not seen the first aid kit, please see Toby to request to view it.

Signature of Parent/GuardianDate.....

Address

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Tel number /s