

LAMBETH DISTRICT SCOUTS. BNI2020 CHALLENGE TROPHY ADULT ATTENDEE. MEDICAL CONSENT FORM. (A hard copy of your Troop version is acceptable if it contains all the information on this form, **particularly special dietary and health requirements.**)

Please complete all sections of this form.

Full Name of Adult:

Home Address:

.....Post Code: Home Tel:

Date of Birth:National Health No:(On Birth Certificate or New Card)

Next of Kin: Relationship:

Telephone. (Day): Telephone (Evening):

Other emergency contact information:

.....

Does you take *any* medicines? (Please give details):

.....

Is there any food you are unable to eat?:

.....

Does you suffer from any allergy/ailment, such as travel sickness, asthma, incontinence

etc.? (Please advise about precautions, remedies and treatment.):

.....

In the event of an emergency, can you receive anaesthetic, antibiotics, blood, essential drugs?:

(If *not*, please give details)

.....

Date of last tetanus injection:

Name of Family Doctor: Doctor's Telephone:

Surgery Address:

Consent Form:

If it becomes necessary for you to receive medical treatment and your next of kin cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Name: _____ Signature: _____

Date: _____

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.