



# Black Prince Scout Active Support In Case of Emergency (ICE) and Health Form – Over 18

(Please complete in BLOCK CAPITALS)

Surname	Date of Birth
Forenames	Postcode
Scout Group / Explorer Unit	
Home Address: ..... ..... Telephone..... Mobile Phone..... E-mail address.....	I can swim 50m and stay afloat for 5 minutes in light clothing. Yes <input type="checkbox"/> No <input type="checkbox"/>  Stage of swimming (Non- Swimmer/Beginner/Poor/Average/Good) *please delete
Date of last Tetanus Injection	



In Case of Emergency (ICE) Contact 1 Name and Address: ..... ..... Telephone..... Mobile Phone..... E-mail Address..... Relationship.....	In Case of Emergency (ICE) Contact 2 Name and Address: ..... ..... Telephone..... Mobile Phone..... E-mail address..... Relationship.....
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Doctors Name: .....	Telephone: .....
Address: .....	

The information contained on this Form will be kept securely and in confidence by Black Prince SASU and will only be used by their Event Leaders and designated First Aiders at Black Prince SASU Events and Activities.

**Please inform Black Prince SASU via [info@blackprince.org](mailto:info@blackprince.org) and your own Section Leader if any of the information given on this form changes.**

**This form will otherwise be held to be valid and up to date until further notice.**

**Note:** All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

The information contained on this Form will be kept securely and in confidence by Black Prince SASU and will only be used by their Event Leaders and designated First Aiders at Black Prince SASU Events and Activities. Please see our attached Privacy Notice for further details (a copy of which can also be requested from info@blackprince.org).

I will inform the Event Leader via info@blackprince.org or using the contact details shown on the letter for that specific Event if I have been in contact with any infectious diseases within 3 weeks ahead of an event (e.g. Chicken Pox, Measles, Mumps, Rubella, Whooping Cough, Diphtheria, etc)

I give my permission to appear in photos taken at Events and Activities which may then appear in the Black Prince SASU newsletter, on the Black Prince SASU websites www.blackprince.org and www.blackprincehikes.org, on Black Prince SASU social media, or in other displays at Scouting events (e.g. County AGM. / Scouting magazine). Full names will never appear on the websites or public social media but if you don't want your photo to appear please advise the Event Leader at least 7 days prior to the Event.

I will inform Black Prince SASU via info@blackprince.org and the Section Leader if any of the information given on this form changes.

Name of Parent/Guardian	Relationship to Young Person
Signature	Date

The following are available as appropriate, please indicate if any should NOT be given, and include a brief explanation why. Dosages will be in accordance with the recognised medical recommendation.

- Paracetamol (tablets and elixir)
- Ibuprofen (tablets and elixir)
- Chlorphiramine e.g. Piriton (tablets and medicine) – for allergies
- Antacid e.g. Gaviscon, Rennie's (tablets and medicine)
- Insect bite cream e.g. Waspeze, Anthisan
- Calamine Lotion / After Sun Lotion
- Antiseptic Cream

In the space below please give details of the following: -

1. Any Known Allergies /Disabilities including behavioural and learning difficulties and details of any known precautions or remedies (e.g. Medicines, Food, Elastoplast, Travel Sickness, Bed-wetting, Asthma, Hayfever, Nosebleeds etc.)  
 .....  
 .....
2. Any special dietary requirements / food allergies / forbidden foods (e.g. Vegetarian etc)  
 .....
3. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines).  
 .....  
 .....
4. Details of any Significant Medical History we should know about, particularly any current treatment or any treatment, surgery or investigations within the last six months. Please include hospital and surgeon details if appropriate.  
 .....  
 .....

Please continue on a separate sheet if required (Please remember to include your name on any separate sheets)