



Black Prince Scout Active Support In Case of Emergency (ICE) and Health Form 2018/19 – Under 18

(Please complete in BLOCK CAPITALS)

Surname

Date of Birth

Forenames

Postcode

Scout Group / Explorer Unit

Home Address:
.....
.....
Telephone.....
Mobile Phone.....
E-mail address.....

He/She can swim 50m and stay afloat for 5 minutes in light clothing.
Yes No

He/She can swim under careful supervision
Yes No

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.....

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. A 2nd copy will be kept securely by your son or daughter's own Section Leader.

Please inform Black Prince SASU via 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 30 September 2019.

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).

The appointed Scouter or First Aider will give minor Medical treatment. If it becomes necessary for my child to receive more serious medical treatment (e.g. at Doctor or Hospital) and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Event Leader or Event First Aiders to sign any document required by the hospital authorities.

I will inform the Event Leader via info@blackprince.org or using the contact details shown on the letter for that specific Event if my son / daughter has 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 for my son / daughter 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 son / daughter 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 before 30 September 2019.

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, Rennies (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).
(If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to the First Aider before departure)
.....
.....
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.
.....
.....

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.