



1st Larch Farm (St. Peters) Scout Group

Health Form



By the very nature of scouting, some of the activities are adventurous and could result in an accident requiring medical or Hospital attention. In the unlikely event of this being required we would like your authority to act on your behalf in giving permission for the treatment and the use of Anaesthetic.

So that we have sufficient information to act for you, would you please complete the proforma below.

This form will be used both at the Scout HQ, Trips, Visits, Sleepovers, Camps and other Scouting activities.

Child's Full Name _____

Full Address _____

Date of Birth _____

Blood group (If known) _____

National Health No. _____

Doctor / Address _____

Doctor / Telephone _____

Contact details (1) - Name / Relative _____

Address _____

Telephone Home - _____ Work - _____

Mobile - _____ Other - _____

Contact details (2) - Name / Relative _____

Address _____

Telephone Home - _____ Work - _____

Mobile - _____ Other - _____

