



Cornwall's International Jamboree

Some or all of the information given may be put onto computer for use by the Scout Association only.

Event: Kernow13, Cornwall's International Jamboree

Date: 28th July -3rd August 2013

UNIT: FreeSpirit ESU

Leader In Charge (I/C): Simon Fairless

2 Copies of This form (both sides) must be completed by the Parent or Guardian of the young person named below.
Please answer the following questions as fully as possible. In the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

(Please complete in BLOCK CAPITALS)

Surname:

Date of Birth:

Forenames

National Health Service
Number:

Date of last Tetanus
injection:

Parent/Guardians Address During the Event:

.....
.....
.....

Telephone.....

Alternative Telephone No

Family Doctors Name and Address:

.....
.....
.....

Telephone.....

I hereby give permission for my child to attend Kernow13

If it becomes necessary for my child to receive medical treatment 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 leader I/C named (or in their absence one of the assistant Event leaders), to sign any document required by the hospital authorities.

I will inform the Leader I/C if any of the information given on this form changes before the event takes place.

I consent to photographs and digital images taken in relation to Kernow13 of the child named below, appearing in The Scout Associations printed publications. I understand that the images will be used for Scouting purposes and that no information will be revealed concerning the child's identity (other than reference to the Scout District where relevant).

I acknowledge that the images may also be used in and distributed by media other than printed publications such as but not limited to CD-ROM or the World Wide Web pertaining to The Scout Associations activities.

Name of Parent/Guardian: _____

Relationship to Young Person:

Signature:

Date:

THE LEADER I/C MUST INSERT BELOW DESCRIPTION OF MEDICINES IN NORMAL USE

The Leader I/C (or in their absence one of the assistant leaders) may administer the appropriate minor treatment/precautions (as listed below) if required.

Headache

Cuts & Grazes

Burns

Stings.....

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

1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma 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 Group,name and the exact dosages, and should be handed to the Leader i/c before Departure.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

Please continue on a separate sheet if required (Remember to include your child(s) name on any separate sheets and attach them securely to this form)