

Emergency Contact & Health Information Form Ely District Scouts - Germany 2010



***PLEASE COMPLETE IN CAPITAL LETTERS**

Expedition Location: Brexbachtal Scout Camp, Bendorf-Sayn, Germany	Contingent Leader: David Briston
Dates: 25 th July-4 th August 2010	First Aider(s): Jared Fortin

***Both pages of this form are to be completed by the Parent or Guardian for those who are under 18 years of age. Over 18's please complete and sign the form. Please answer the following questions as fully as possible as in the event of anyone requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. A blank version of this form will be translated into German – if necessary, and with the Parent's/Guardian's permission, we will arrange to translate into German any medical information provided.**

Surname:	Date of Birth:
Forename(s):	Age at Start of Trip:

<p>First Contact – Parent's/Guardian's address during the expedition, including post code.</p> <p>Name:.....</p> <p>Relationship:.....</p> <p>Address:.....</p> <p>.....</p> <p>.....Post Code:.....</p> <p>Telephone (Home):.....</p> <p>Telephone (Mobile):.....</p>	<p>Second Contact (including relationship)</p> <p>Name:.....</p> <p>Relationship:.....</p> <p>Address:.....</p> <p>.....</p> <p>.....Post Code:.....</p> <p>Telephone (Home):.....</p> <p>Telephone (Mobile):.....</p>
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<p>Family Doctor's Name and Address, including post code</p> <p>.....</p> <p>.....</p> <p>.....Post Code:..... Telephone:.....</p>

<p>Please provide details of any infectious diseases with which your child has been in contact within the last three weeks, e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>Please provide details of any allergies/sensitivities/disabilities and any treatments that cause problems, e.g. food colourings, travel sickness, Asthma, Penicillin, plasters, etc. <i>(if necessary, please continue on a separate sheet)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<p>Date of last tetanus immunisation:</p> <p>.....</p>	<p>She/he may/may not go swimming under careful supervision.</p> <p style="text-align: center;"><i>(delete as appropriate)</i></p>	<p>She/he can/cannot swim 50 metres and tread water.</p> <p style="text-align: center;"><i>(delete as appropriate)</i></p>
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<p>National Health Service Number:.....</p>

Please list below all prescribed and non-prescribed medicines your child will bring with them and indicate whether you wish these to be held by your child and self administered or stored and administered by us. If the latter is the case, please include full details concerning dosage, timings in relation to food etc.

Medicine	Kept and self administered (Y/N)	Stored and administered by us (provide dosage details)
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Please continue on a separate, signed and dated, sheet if you need.

ALL medicines that your child brings must be properly marked with their name on a professionally printed label identifying the medication and manufacturer's name or pharmaceutical label. Any medicines we are to store once in Germany must be packed in a re-sealable, clear, named, plastic bag. Each item of medicine (bottles, jars, tubes etc.) should be clearly labelled with their name and exact dosage. Medicines should be packed in the hand luggage for the journey, as should inhalers etc. Please inform us of any medicines that must be refrigerated.

We will take with us some common medicines. Please indicate any of the medicines you would be happy to let us administer if your child is feeling unwell.

Medicine	Permission Given	Permission NOT Given
Calpol 6+		
Non-drowsy antihistamine		
Wasp-eze		
Bite-eze		
Jungle Formula Insect repellent		
Savlon antiseptic wipes		
Savlon antiseptic cream		
Ibuprofen		
Paracetamol		
Hypoallergenic plasters or tape		
Suncream		
Aftersun cream		

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 Contingent Leader named overleaf (or in their absence one the Appointed First Aiders), to sign any document required by the hospital authorities. I will inform the Contingent Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian	Relationship to Young Person
Signature	Date