

Durham Scouts

Medical & Permission Form – Under 18
 [To be completed by a parent or guardian]



Surname	Group
First Names	Date of Birth
Home Address <i>If different at time of event please use back of form.</i>	Family Doctor's Name and Address
Parent/Guardians Name	Home Tel No
Parent/Guardians Email	Parent/Guardians Mobile

Information for our onsite first-aider <i>(e.g. allergy to sticking plaster, dietary needs)</i>	Medical Conditions / Additional Needs	
Any prescribed medication to be taken during event/activity? (prescribed medication must have original pharmacy labels intact)	Will your child bring any non-prescribed medication to the event/activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what?	

Specific Consent (tick box if you give your consent)	
My son/daughter has my permission to take part in this event/activity and take part in its activities. I understand that the camp leader will always act to ensure the enjoyment and safety of everyone and therefore reserves the right to send any participant home.	<input type="checkbox"/>
I agree to inform the event/activity leader if any of the information on this form changes before the event/activity takes place.	<input type="checkbox"/>
If it becomes necessary for my son/daughter to receive medical treatment, and I cannot be contacted by telephone or any other means to authorise this, I give my general consent to necessary medical treatment and authorise a responsible adult delegated by the event/activity leader to sign documents required by hospital staff on my behalf.	<input type="checkbox"/>

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Photography Policy

During Durham Scout events and activities, members of our media team, other members of the Scout Association and members of the public may be taking still and moving pictures. Pictures used by Durham Scout County outside of the event/activity will only be used in accordance with Scout Association guidelines and Durham Scout County Digital Media Policy. Pictures taken by our media team may be used during and after the event/activity in Durham Scout or the Scout Association publications, and in local newspapers, on websites or in other media channels. Local newspapers and TV stations may also attend events/activities to provide external media coverage and members of the press will be accompanied at all times by a member of the event or activity staff/leader team. We will seek your specific permission if we wish to use your/your child's picture in any promotional or advertising material.

We cannot be responsible for any photographs taken by persons outside the Events Team and the County Media Team.

We will work with the Leader in charge of a member to make every effort to ensure that the County Media team and Event Management Team are aware of any non-consenting individuals.

Photography Consent

I am happy for photos, video and audio to be taken and published of the member in this form whilst undertaking Scouting activities across all channels.	<input type="checkbox"/>
I do not want any photos, video of the member in this form to be taken or used.	<input type="checkbox"/>

Data Privacy

I consent to the personal information contained in this form relating to myself and my child, and my child's t-shirt size and information about their diet to be used for the purposes of administering the event, including; ensuring that the correct security wristband is assigned, correct t-shirt size ordered and meal options provided (where applicable to the event), for providing any necessary first aid or any necessary pastoral support. We will not use this data for any other purpose, except in anonymised aggregate form to provide statistics for historical reference. We will securely destroy this form after the event and we will delete this data one year after the event ends, unless your son/daughter is involved in a medical incident, in which case we shall keep the data and form for three years.

Parent/Guardian Consent

Name of Parent/Guardian	Relationship to Young Person
Signed	Date

Leader in Charge of Member

I have noted the above information about the member in this form and will discuss any relevant information in the responses with the Event Management Team and ensure the responsible adult accompanying this member is also aware of this information.

Name of Leader	Signature
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