

# Scouting Ireland Activities Consent Form



SIF 11/05

## General Consent

I / We the parent(s) / guardian(s) of \_\_\_\_\_

who was born on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

hereby give permission for my / our child to partake in all activities organised and run by

\_\_\_\_\_ 45th Dublin, Mount Argus \_\_\_\_\_ Scout Group

from \_\_\_\_\_ 01 \_\_\_\_\_ / \_\_\_\_\_ Sept' \_\_\_\_\_ / \_\_\_\_\_ 2007

to \_\_\_\_\_ 31 \_\_\_\_\_ / \_\_\_\_\_ Aug' \_\_\_\_\_ / \_\_\_\_\_ 2008

I / We authorise, confirm and agree that the Scouters specified in the schedule hereto or their nominee shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves, would be able to do so.

## Other Details

Do you give permission and consent that photographs may be taken for promotional and record purposes during activities which may include your child? YES  NO

Do you give permission for your child to take part in water activities? YES  NO

Is your child able to swim? YES  NO

## Medical Consent

I / We understand that in the event of my / our child requiring medical attention all reasonable efforts will be made to contact me / us (or the Alternative Emergency Contact if I / we are uncontactable) at the contact numbers provided on this consent.

In the event of my / our child being taken ill or injured during the period of this consent, I / we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I / we cannot be contacted for the purposes of giving consent at the time of treatment. I / We hereby authorise the Scouters specified to communicate our consent to any treating medical or dental practitioner.

I / We confirm that the medical details in relation to my / our child are correct.

## Medical Details

These are the medical details of my / our child.

If you answer YES to any question please provide details in the space provided below.

Has your child any serious illnesses? YES  NO

Does your child take any regular medications? YES  NO

Are there any medications that your child is allergic to and/or must not be prescribed? YES  NO

Does your child have any allergies? YES  NO

Has your child any special dietary requirements? YES  NO

Has your child been fully vaccinated? (ie: 3/5 in 1, Meningitis C, MMR, and pre school booster). If not please state what he / she has received, if any? YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family GP Details

Family GP: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of last check up: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Activities Consent Form (continued)



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## Parent(s) / Guardian(s) Contact Details

Names \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_

Phone Numbers: (Work) \_\_\_\_\_ Ext \_\_\_\_\_

Phone Numbers: (Mobile) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

## Alternative Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Additional Information

Please include any additional information including any special needs or conditions (e.g. travel sickness, sleep walking).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Schedule of Scouters authorised as above

James Cullen - Group Leader \_\_\_\_\_

David Earle - Cub Leader \_\_\_\_\_

Joe Bergin - Scout Leader \_\_\_\_\_

Paul Doyle - Venture Leader \_\_\_\_\_

Noel O'Connor - Group Scouter \_\_\_\_\_

Paudge Eustace - Group Chairperson \_\_\_\_\_

## Signature of Parent(s) / Guardian(s)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_