## 

## 1st Bernwood Forest Scout Group

#### Child Pack information

**Child’s Personal Information:**

Forenames: Surname:

Date of Birth: Gender:

Home Address: Post Code:

Phone:

**Parent / Guardian Contact Details:**

Forenames: Surname:

Date of Birth: Relationship to Child:

Address: (If different) Post Code:

Home Phone:

**Phone Contacts:**

Primary (Mobile): Work / Other:

Email address:

**Medical Details:**

Please tick all boxes which apply & give further details of each or any other requirements:

Allergies (eg: Dietary, Nuts, Hay fever, Medication, Other)

Developmental (eg: ADHD/ADD, Autism, Dyslexia, Dyspraxia, Other)

Medical (eg: Asthma, Diabetes, Epilepsy, Mental Health, Other)

Sensory (eg: Hearing, Vision, Other)

Learning (eg: Down syndrome Other)

Other (eg: Injuries, Long term illnesses, Other)

Specific or other requirements in an emergency, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFSITE ACTIVITY MEDICAL DETAILS:**

Next of Kin: Contact Number:

Doctor Name: Contact Number:

Address:

Medical Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle what 1st response medicines can be given to the child:

Capol: Yes / No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurofen: Yes / No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Piriton: Yes / No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plasters: Yes / No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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