

# Swanley District Scouts

## MEDICAL INFORMATION



Name of Child	
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It is extremely important that **ALL** parts of this form are completed as accurately as possible.

Event Title	
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### HOME DOCTOR

Name/s	
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Address	
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Phone No.s	
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Date of Birth	day	month	year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of last Tetanus immunisation	<input type="text"/>	<input type="text"/>	<input type="text"/>
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National Health Service Number (ask your doctor)	<input type="text"/>
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Has your child been in contact with any infectious diseases within the past three weeks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details (continue overleaf if needed)	
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Medication currently being taken	Allergies to medical substances e.g. creams

(Please include dosage / times etc.)

(Please include effects of these substances)

If it becomes necessary for my child to receive hospital treatment and I cannot be contacted, I hereby give my permission for the Scouter in charge to sign any documents required by the hospital authorities.

Parent / Carer's Signature		Date	
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### EMERGENCY CONTACT

In the event of an emergency please contact

Name/s	
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Address	
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Phone No.s	
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### GROUP'S OFFICIAL HOME CONTACT \*\*\*\*\*This section is to be completed by a leader\*\*\*\*\*

Name/s	
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Address	
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Phone No.s	
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