

# 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

\_\_\_\_\_ Scout Group

from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

	YES	NO
Do you give permission and consent that photographs may be taken for promotional and record purposes during activities which may include your child?	<input type="checkbox"/>	<input type="checkbox"/>

Do you give permission for your child to take part in water activities?	<input type="checkbox"/>	<input type="checkbox"/>
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Is your child able to swim?	<input type="checkbox"/>	<input type="checkbox"/>
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## 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.

	YES	NO
Has your child any serious illnesses?	<input type="checkbox"/>	<input type="checkbox"/>

Does your child take any regular medications?	<input type="checkbox"/>	<input type="checkbox"/>
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Are there any medications that your child is allergic to and/or must not be prescribed?	<input type="checkbox"/>	<input type="checkbox"/>
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Does your child have any allergies? Has your child any special dietary requirements?	<input type="checkbox"/>	<input type="checkbox"/>
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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?	<input type="checkbox"/>	<input type="checkbox"/>
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If you require a Scouter to administer or manage  
medications a separate 'Managing Medications Form'  
must be filled in for every activity/event attended.

Further information

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

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

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

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

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

Activities Consent Form (continued)



SCOUTING IRELAND  
SIF 11/05

Parent(s) / Guardian(s) Contact Details

Name(s): \_\_\_\_\_  
Phone Number(s): (Home): \_\_\_\_\_  
Phone Number(s): (Work): \_\_\_\_\_ Ext \_\_\_\_\_ Ext \_\_\_\_\_  
Phone Number(s): (Mobile): \_\_\_\_\_  
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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent(s) / Guardian(s)

Signature(s): \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_