

Scouting Ireland
Activities Consent Form

National Water Activities Centre
Mid-west Sea Scout SIG



NWAC 03/09

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

National Water Activities Centre, Killaloe, Co. Clare

from _____ 01 / _____ Jan / _____ 2010

to _____ 31 / _____ Dec / _____ 2010

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)



NWAC 03/09

Parent(s) / Guardian(s) Contact Details

Names _____

Phone Numbers: (Home) _____

Phone Numbers: (Work) _____ Ext _____ Ext _____

Phone Numbers: (Mobile) _____

Home Address: _____

_____ Email: _____

Alternative Emergency Contact

Name: _____

Phone Number: _____

Additional Information Participation

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

I agree to make myself available as much as is practicable during the season. I will respond to notifications from the Skipper and other Scouters of the Mid-west Sea Scout SIG for activities and/or training in the NWAC.

Scout Law

I agree to operate in a courteous manner while representing the Mid-west Sea Scout SIG. I will always be respectful and mindful of scout law.

Schedule of Scouters authorised as above Group/Section Scouter Approval

All scouters approved by the _____

National Water Activities Centre, Killaloe, Co. Clare. _____

I am a member of the u/m Scout Group and have permission from my parent group to participate in the Mid-west Sea Scout SIG.

Scout Contact Details

Email: _____

Mobile phone: _____

Bebo: _____

Scout Signature: _____

Date: _____ / _____ / _____

Gp/Sec Scouter Signature: _____

Date: _____ / _____ / _____

Signature of Parent(s) / Guardian(s)

Signature: _____

Date: _____ / _____ / _____