

# Young person Event consent form

4<sup>th</sup> EFS  
June 2021

The 4th Epping Forest (Bancroft's) Sea Scout Group require the following information in order to safely run this event. We cannot allow young people to participate in Scouting activities without parental consent, so this form must be signed by a parent or legal guardian of the young person who wishes to take part in the event.

**Note that, with the exception of Bancroft school minibus use, all events and activities that are run offsite are operated under the Scout Association policies and insurance. All safety and safeguarding issues, risk assessment and permits to operate are managed under the Scout Association as part of the Epping Forest South Scout District.**

**Name of Scout Group:** 4<sup>th</sup> Epping Forest (Bancroft's) Sea Scout group

Event

## Young person's name

Full name

**Parent/Guardian contact point for the event** (In the event of a positive COVID test result your Scout will need to be collected from the camp site immediately therefore this contact point must be available at all times).

Name

Address

Town

County

Postcode

## Telephone numbers

Home

Work

Mobile



**Declarations** (Please retain a copy of this page for your own records)

Full name of young person

**Medical Care**

I hereby give my general consent for a Scout Leader or designated First Aider to:

- a) Provide any necessary medical treatment;
- b) Administer medications to treat minor injuries or medical conditions (this includes appropriate treatments for colds, flu, stomach upsets, cuts and grazes, headaches and other minor illnesses as deemed necessary);
- c) Administer the young person’s EpiPen if they are carrying it and we have been informed;
- d) Sign any documentation required in the event of hospital treatment;

whilst the Young Person is taking part in Scouting activities at this event. I understand this information is provided for the wellbeing of the Young Person and agree to this information being shared when necessary for the wellbeing of the Young Person.

**Photographs and other media**

The following consent options concern photography and other media of the young person being published as described in the 4th Epping Forest South (Bancroft’s) Sea Scout Privacy Policy (<http://www.4thefsscouts.org.uk/privacy-policy>).

Photos, video or audio of the young person in this form will not be used unless you give us your consent below. If there are reasons why this consent cannot be given please do not sign this form but contact the Executive Committee so that the needs of your child can be discussed with a view to making alternative arrangements which allow them to participate in Scouting.

- a) I am happy for photos, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels as detailed in the 4th Epping Forest South (Bancroft’s) Sea Scout Privacy.

**Data protection**

The Scout Association is committed to the Data Principles of the General Data Protection Regulation and the Data Protection Act 2018. By signing this form, I agree to the Group during and beyond my young person’s involvement with the organisation:

- a) retaining personal data to facilitate any present or potential future involvement with Scouting, in line with the as described in the 4th Epping Forest South (Bancroft’s) Sea Scout Privacy Policy.
- b) retaining sensitive (special category) data regarding religion/faith, disabilities/additional needs, ethnicity, medical information and/or commission of offences or alleged offences, as described in the 4th Epping Forest South (Bancroft’s) Sea Scout Privacy Policy.
- c) allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

**General**

- a) I understand that while undertaking Scouting activities the leaders will operate under the rules and procedures of The Scout Association UK. (details can be found at [www.scouts.org.uk/por](http://www.scouts.org.uk/por) with full details of the operating Policy, Organisation and Rules)

**Parent / Guardian**

Signature

Print

Date

Should you require any support with the completion of this form please contact your Section Leader. Should any details or consent options change you must inform your Section Leader or email them at [scoutleaders@4thefsscouts.org.uk](mailto:scoutleaders@4thefsscouts.org.uk) or [cubleaders@4thefsscouts.org.uk](mailto:cubleaders@4thefsscouts.org.uk).

**Young person's name**

Full name

**Young person's medical / additional needs**

This form assumes that the medical and dietary needs of the Young Person have not changed since you completed their Joining Form. If you are in any doubt about the details we have on file for your Young Person please log in to your OSM account to check the details. If you need to provide updated medical or dietary details please complete Annex A.

Please list the medications the Young Person will taking for the duration of the event.

| Medical Conditions, Disabilities and/or Special Needs | Medications taken | Dosage |
|-------------------------------------------------------|-------------------|--------|
|                                                       |                   |        |
|                                                       |                   |        |
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## Annex A

*This Annex is ONLY required if you need to change the Young Person's medical details that we have on file.*

### Disabilities/additional needs

The safety and wellbeing of young people in Scouting is our priority. Please provide information about any disabilities your young person may have so that adult volunteers can ensure reasonable adjustments can be made for your young person. This information will be handled with extra care and only made available to those directly supporting your young person.

#### Disabilities

(please tick those that apply and provide details)

- Developmental
- Injury
- Physical
- Medical
- Mental health
- Progressive

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#### Guidance

Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia  
Injury – Body, Brain  
Physical – Spina Bifida, Down's Syndrome  
Medical – Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue  
Mental Health – Bipolar, Depression, Eating Disorder, Self-Harm  
Progressive – Muscular Dystrophy

Please provide information about any other additional needs, or any further information about your young person's disability including any medication taken (with dosage)

### Dietary Requirements

Please provide information about any dietary needs (e.g. allergies, intolerances, religious or cultural requirements) of your young person to assist the section leadership team when they plan the programme of activities.

### Allergies

Please also detail any established treatments including any medication taken (with dosage)

Does the young person carry an EpiPen?

Date of last Tetanus injection

### GP Details

Doctor's name

Surgery Address

Town

County

Postcode

Surgery Telephone

NHS Number

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Signature

Print