



Autumn 2011 Consent Form

This form is designed to be filled in on screen and printed out or it can be printed first and completed by hand. Please staple both pages together. It is to be signed by a parent/guardian, but if the entrant is 18 or over he/she can sign it themselves. It must be brought to the event and is only valid for the specific event detailed below.

The Autumn 2011 Apex Challenge takes place from 30th September–2nd October 2011. It is being held at Otley Chevin in West Yorkshire. The starting area and Event Centre is at Bramhope Scout Activity Centre, OS grid reference SE 236431. The event opens at 6:00pm on Friday 30th September and will finish by 5:00pm on Sunday 2nd October. It will include activities such as rock climbing, abseiling, orienteering across open moorland, canoeing, and an assault course supervised by Army personnel. Some of these may take place during the dark and all will be supervised by suitably qualified and experienced instructors.

I agree to the individual listed below taking part in this competition and confirm there is no known medical reason why they should not participate in all the activities. I also understand that the Apex Challenge organisers reserve the right to send any participants home if necessary.

PERSONAL DETAILS

Scout's name:	<input type="text"/>	Date of birth:	<input type="text"/>
	<input type="text"/>	NHS number:	<input type="text"/>
Home address:	<input type="text"/>	Team name:	<input type="text"/>
Scout's mobile during event:	<input type="text"/>	Scout group:	<input type="text"/>

EMERGENCY CONTACT DETAILS

During the Apex Challenge please contact in case of emergency:

Name of first contact:	<input type="text"/>	Name of second contact:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Relationship to Scout:	<input type="text"/>	Relationship to Scout:	<input type="text"/>
Telephone(s):	<input type="text"/>	Telephone(s):	<input type="text"/>

MEDICAL INFORMATION

This section relates to the medical history and current situation of the Scout named above:

Doctor's name:	<input type="text"/>	Tel: (inc. code)	<input type="text"/>
Doctor's address:	<input type="text"/>		
Infectious conditions the Scout has been in contact with in the 21 days before the Apex Challenge:	<input type="text"/>		

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Details of medication required during event:
 (Please state if the Scout can administer it themselves. Label medication with Scout's name and dosage. Continue on a blank page.)

Known allergies:

Date of last anti-tetanus injection:

Does the Scout suffer from asthma? (Enter YES/NO)

Does the Scout have an injury which prevents them taking part in physical activity? (Enter YES/NO)

Please detail any recent injuries which may affect the Scout's physical ability or which may recur.

SPECIAL REQUIREMENTS

This section relates to other special needs the above named Scout may have:

The Scout may not eat the following foods for either medical or ideological reasons:

The Scout has the following other special needs:

OTHER INDIVIDUAL PERMISSIONS

This section relates to specific activities which require individual permission:

The Scout named above can swim 50 metres unaided, tread water, and may take part in water-based activities under careful supervision: (Enter YES/NO)

The event may include an air rifle or pistol shooting activity. This will be led by a qualified instructor. I declare that the above named Scout is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for them to take part in such an activity: (Enter YES/NO)

DECLARATION

In the event of illness or injury requiring medical treatment I give permission for the above named Scout to be treated by the Apex Challenge first aid team and for them to be taken to hospital as deemed appropriate. If this happens I will be notified as soon as possible. If I cannot be contacted by telephone or any other means, I hereby give my general consent to any necessary medical treatment and authorise the Scout leader in charge of the competition, or a delegated member of his team, to sign any document required by the hospital authorities, which may or may not include forms giving permission for a general anaesthetic. I understand that if the above named Scout is over 16 he/she may decide whether to accept any medical treatment offered.

Name:

Relationship to Scout:

Signed:

(MUST BE parent or guardian if the named Scout is under 18)

Date:

For more information please visit www.apexchallenge.co.uk

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children's Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason the organisers of the Apex Challenge cannot insist on parents/guardians signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Scout Leader on hand able to sign forms required by medical authorities.

Some photos and video of those taking part may be used for displays, event promotion, Scout magazines, newsletters, local newspapers and the event website. If you object please write to Apex Challenge, 14 Sanderson Close, Hull, HU5 3DE ensuring the letter arrives before the competition.