

Young person

Event consent form

Redbridge Endeavour Explorer Sea Scout Section 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.

Name of Scout Group: Redbridge Endeavour Explorer Sea Scout Section

Event

Young person's name

Parent/Guardian contact point for the event

Name

Address

Town

County

Postcode

Telephone numbers

Home

Work

Mobile

THIS FORM MUST BE HANDED IN ON THE DAY AS A PRINTED FORM

Please do not email, scan or send via messaging service as we must have a physical copy available to us at the event in case of emergency. If you do not have a completed copy when checking into the event, a blank form will be provided but will potentially delay departure



Medication details for this event

THIS PAGE MUST BE COMPLETED FOR THIS EVENT EVEN IF NO MEDICATION IS REQUIRED

Young person's name

Please list **ALL** the medications the Young Person will be taking for the duration of the event, whether prescription or non-prescription, including general pain relief etc.

All medication must be handed in with this form at event check-in in a container or bag clearly labelled with the scout's name. Scouts must not have any other medication on them during the event not notified to a leader.

No medication is required for this event and the young person does not have any medication of any kind with them

Medication	Reason	Dose and when taken

Does the young person carry an EpiPen?

Date of last Tetanus injection

Any other medical monitor

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 or complete Annex A.

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

Full name of young person

Photographs, video and audio

The following consent options concern photography and other media of the young person being published as described in the Endeavour ESSU Privacy Policy (<http://www.endeavouressu.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 section leaders 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 Endeavour ESSU Privacy Policy.

Additionally, other Scout Groups, Districts, Counties/Areas/Regions and UKHQ may request consent independently as part of event registrations or other Scouting activities.

Communication preferences

Your email address and telephone number will be used by adult volunteers within the unit as the primary method to communicate with you. In addition, the Group may use additional communication tools:

- I agree to the Group sharing my phone number and name with other parents and members of the Group via a closed group via communication platforms, for example SMS, WhatsApp and Tangles Events;
- I do not agree for my phone number and name shared in this way.

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, as described in the Endeavour ESSU 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 Endeavour ESSU Privacy Policy
- c) allowing access to personal data to appropriate individuals within Scouting, third party activity providers

General

- a) I understand that while undertaking Scouting activities the leaders will operate under the rules and procedures of The Scout Association UK (POR). (details can be found at www.scouts.org.uk/por with full details of the operating Policy, Organisation and Rules)
- b) I understand that as a parent I will be required to provide the clothing and equipment specified on the event kit list

Parent / Guardian 1

Parent / Guardian 2

Signature

Signature

Print

Print

Date

Date

Should you require any support with the completion of this form please contact an Explorer Leader. Should any details or consent options change you must inform an Explorer Leader or email them at leaders@endeavouressu.org.uk

Annex A

If you need to provide updated medical or dietary details for this event please complete this Annex otherwise we will use the information in OSM and on your joining form

Additional support

The safety and wellbeing of young people in Scouting is our priority. Please provide information about any physical, medical or mental health challenges your young person may have so that reasonable adjustments can be made for your young person to participate

Challenge
What support the young person requires. Include any medication or medical support required

Challenge
What support the young person requires. Include any medication or medical support required

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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.
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Allergies

Please also detail any established treatments including any medication taken (with dosage)
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Does the young person carry an EpiPen?

Date of last Tetanus injection

Any other medical monitor

Medication taken regularly

Please detail all medications that your young person takes regularly

Medication	Reason	Dose and when taken

GP Details

Doctor's name

Surgery Address

Town

County

Postcode

Surgery Telephone

NHS Number

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, sea sickness, hayfever 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. 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.

Signature

Print