Scouting Ireland Activities Consent Form

The information gathered in this form is for the purposes as set out below:

- To register your child's details with our Scout Group and Scouting Ireland for membership and insurance purposes, and to ensure that such details are accurate and up to date.
- To allow us, and Scouting Ireland, to communicate with you concerning scouting activities which your child may be engaged in, and other Scouting-related matters.
- To allow us to provide medical details to medical professionals, should the need arise.
- **This form should be issued in conjunction with a copy of the Scout Groups Information Notice and Scouting Irelands Privacy Notice.**

General Consent * Required

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 14th Port, 63rd Dublin Donabate _____ Scout Group

from 01 /09 /26 to 31 /08 /27 .

☐ (Please tick to agree) 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 Consent/Details

	YES	NO
Do you give permission and consent that photographs and/or video may be taken for promotional and record purposes during activities which may include your child?	☐	☐
Do you give permission for your child to take part in water activities?	☐	☐
Is your child able to swim?	☐	☐

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 form.

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/dental practitioner.

I/We confirm that the medical details in relation to my/our child are correct.

I/We consent to 14th Port, 63rd Dublin Donabate Scout Group having our child's medical information so that it may be used only when necessary, without prior permission, or unless required by law to protect my child.

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?	☐	☐
Does your child take any regular medications?	☐	☐
Are there any medications that your child is allergic to and/or must not be prescribed?	☐	☐
Does your child have any allergies?	☐	☐
Has your child any special dietary requirements?	☐	☐
Has your child been fully vaccinated? If not please state what he / she has received, if any?	☐	☐
Has your child any medical history of which we should be aware?	☐	☐

Additional Details:
_____
_____
_____
_____
_____
_____

G.P. Details

GP Name : _____

Address:_____

_____

_____

_____

_____

Telephone: _____

Date of child's last check up: _____ /_____ /_____

*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:
_____
_____
_____
_____
_____
_____

Parent(s) / Guardian(s) Contact Details: *Required minimum of 1

Parent / Guardian Name(s): 1. _____ 2. _____

Phone Number(s): (Home): 1. _____ 2. _____

Parent Number(s) (Work): 1. _____ 2. _____

Phone Number(s): (Mobile): 1. _____ 2. _____

Parent Address: 1. _____ 2. _____

_____ _____

Email: 1. _____ 2. _____

Alternative Emergency Contact: (Optional)

Name: _____

Phone Number: _____

*I/We can confirm that the emergency contact identified has been informed that their data has been shared with Scouting Ireland.

Additional Information:

Please ensure you have provided us with all the data and information we require to ensure your child has the safest and most enjoyable experience in Scouting. Please use the space below to include any additional information including any special needs or conditions (e.g. travel sickness, sleep walking).

_____

_____

_____

_____

Schedule of Scouters authorised as above:

*Note to Group This is an opportunity for your Group to inform your parents as to who your Scouters are.

Killian Brady _____

Laura Cashin _____

Alan Cahill _____

Niamh Carroll _____

Rob Hayes _____

Jade Murphy _____

_____ _____

And those appointed by Group Leader as necessary

Signature of Parent(s) / Guardian(s): *Required Minimum of 1

Signature(s): **1.** _____ **2.** _____

Date: _____ /_____/ _____ _____ /_____/ _____

*Please be aware that if you do not give consent we cannot permit your child to engage in scouting activities, as we will not have the ability to ensure your child's safe participations.

The information provided in this form shall be treated with the utmost confidentiality. None of the information provided shall be disclosed to other parties except appropriate adult members of Scouting Ireland or medical personnel, and only when necessary, without prior permission, or unless required by law. This data collected in this form will be used locally by this Scout Group. In addition, the data collected in this form, bar the medical information, will be given to Scouting Ireland, stored on the Membership Management System. For further information please consult your Scout Groups Information Notice and Scouting Ireland's Privacy Notice. Further information is available at https://www.scouts.ie/Data-Protection/