



**TARXIEN
SCOUT
GROUP**

Medical Form

This form must be submitted by all members of the Tarxien Scout Group, under the age of 18 when participating in activities, and it must be signed by their legal guardian/s, and given to the adult leader in charge of the activity.

Scout Details:

Name: _____ Date of Birth: _____

Legal Guardians' Details:

Name: _____ Contact Number: _____ Signature: _____

Name: _____ Contact Number: _____ Signature: _____

Next of Kin Details:

Name: _____ Contact Number: _____

Activity Details:

Name: _____ Date: _____

Medical Details:

Please list any relevant medical conditions or health considerations: _____

Please list any required medication together with use and dose information: _____

Please include any other information you feel would be of relevance: _____

By signing this form, I as legal guardian of the above listed scout, acknowledge the following:

- I have completed all parts of this form and confirm that the above information is correct.
- This medical form is to be handed to the leader in charge prior to the commencement of the mentioned activity.
- This medical form is only valid for this activity and will be destroyed after the event.
- I have read and understood the attached program.
- If it is necessary for my child to take any medication, it is my duty to explain its use to the leader in charge.
- I know that if necessary, First Aid will be given to my child by a qualified adult leader.
- In the event of illness or emergency, I understand that every effort will be made to contact me or the next of kin.
- I authorise the medical provider to give any necessary emergency treatment to my child in my behalf in case we are both unavailable.
- All data collected is processed in accordance with the Data Protection Act 2001.