

# 4<sup>th</sup> Newbury Cubs Permission Form

Cub event Date: \_\_\_\_\_

Cub event Venue: \_\_\_\_\_

## Consent Form

- I give permission for .....to attend the above event .
- I am happy for the camp leaders to give paracetamol/calpol to my cub  
Y/N
- Has she/he been in contact with any infectious diseases within the 3 weeks?: Y/N
- Date of last tetanus immunisation: .....
- Medicines currently being taken: .....

(All medicines to be clearly named, placed in a plastic bag and given to a cub leader at the start of camp)

- Does your cub have any special needs?
- Does your cub have any allergies to food, or medicines
- Name, Address and telephone number of own Doctor:

---

---

If necessary, the Camp leader reserves the right to send any participants home. If it becomes necessary for my child to receive medical treatment , I hereby give my general consent to any necessary medical treatment and authorise the camp leader or another cub leader in charge of the camp to sign any document required by the hospital/medical authorities.

Signature of parent/guardian: .....

Contact Details during camp: .....

Date: .....