

PERMISSION TO ATTEND ACTIVITY & MEDICAL CONSENT

To be completed by the parent or guardian of the Scout participating. It gives responsibility to the event leader and authority for him/her to sign on your behalf any papers needed by the medical authorities in case of emergency hospital treatment. The information given on this form will be treated in confidence.

I hereby give permission for to attend the Camp on dates under the leadership of Bruce Meldrum and/or Nigel Sayers

As far as I am aware my son **has /has not** been in contact with any infectious disease within the last 3 weeks. If the answer is **has** please give details overleaf.

My son / daughter **has/has not** been immunised against tetanus in the last 5 years.

My son / daughter **has/ does not have** any known allergies/sensitivities (e.g. to Penicillin) or disabilities. If the answer is **has** please give full details including any precautions and remedies overleaf.

My son / daughter **does/does not** have to take any pills or medicines during the event. If yes please list overleaf and give adequate supplies to the event leader on arrival in a clearly marked container. This should show your sons full name and full details of the dose and times.

My son / daughter **is /is not** currently undergoing any other medical treatment. If yes please give details overleaf , including the names of the Doctor and/or Hospital concerned.

In the event of any illness or accident requiring emergency hospital treatment, **I authorise the event leader and any other adult leader appointed by the Scout Association and assisting with the event to sign on my behalf** any form of consent required by the hospital authorities, if the delay required to obtain my signature is considered inadvisable by the doctor concerned.

I am **willing / not willing** for my son/ daughter to be given paracetamol if necessary for headaches etc.

I am **willing / not willing** for my son / daughter to be given antihistamine cream if necessary for bites or stings. The name and address of my child's doctor are

I am **willing / not willing** for my Son / Daughter to participate in Air rifle activities under the supervision of a suitably qualified instructor and in accordance with Scout Association rules

His National Health service Number is His date of birth is

During the event (dates) to
I can be contacted at
.....
Tel. No

During the event (dates) to
I can be contacted at
.....
Tel. No

Signed Parent / Guardian

Name Date

Address
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This form must be completed and handed to a leader on or before arrival at camp. If a Scout arrives on the camp without the consent form having been submitted we are unable to allow him to attend camp.

PLEASE LIST BELOW ANY KNOW INFECTIOUS DISEASES WHICH YOUR CHILD NAMED OVERLEAF HAS BEEN IN CONTACT WITH IN THE LAST 3 WEEKS (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

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PLEASE LIST BELOW ANY KNOWN ALLERGIES / SENSITIVITIES / DISABILITIES AND DETAILS OF ANY KNOWN PRECAUTIONS OR REMEDIES (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

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DETAILS OF ANY MEDICINE / DIETS / TREATMENTS CURRENTLY BEING TAKEN / FOLLOWED (INCLUDING DOSAGE DETAILS) & THE SPECIALIST AND HOSPITAL CONCERNED IF APPROPRIATE .PLEASE INCLUDE ANY NON PRESCRIPTION PREPARATIONS.

(e.g. Cough Sweets, Herbal medicines).

(If He / She has to take any Medicine's, the bottle / Jar or other items should be clearly labelled with their name and the exact dosages, and handed to the Camp Leader before departure.

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