

I give permission for

To attend the camp/activity at **SURVIVAL CAMP - Bures Scout Campsite**

From To

Doctors Name Doctors Tel No

Surgery Address Known allergies
i.e. medicines, food, etc

Date of Birth Date of tetanus

Has your son/daughter been in contact with any infectious disease within the last 3 weeks? YES/NO

If yes, specify _____

Is your son/daughter currently taking any medication (prescribed or over the count items)? YES/NO

If yes please place medication in a bag with the child's name upon it and hand to a leader upon arrival at the camp/activity

Special dietary Requirements: Any special needs?

Do you give permission for a leader to administer first aid to your son/daughter, if necessary? YES/NO

Please complete the list below to indicate what medication can be given to your son/daughter:

Medication	Tick	Alternative
Calpol / Paracetamol		
Throat Lozenges i.e. Strepsils		
Antiseptic Cream/Wipes/Spray		
Waspeze / Calomine Lotion		
Sun Cream/Sun block/After Sun		
Dioralyte		
Plasters/ Surgical Tape		
Melolin Dressing Pads		
Piriton/ Antihistamine		

In the event that your son/daughter require urgent medical attention and you cannot be contacted, do you give your permission for a leader to sign a medical consent form on your behalf, if in the opinion of a doctor any delay would be unwise? YES/NO

I am aware that photographs are likely to be taken of my son/daughter during the Scouting activity and they could subsequently be displayed at parents/public events or on the group web site? YES/NO

Do you give your permission for your son/daughter to swim under supervision, if applicable? YES/NO

If yes, can they swim 50 metres and tread water for 5 minutes? YES/NO If No, state ability:

Other information

An Off Site Contact for my Son/Daughter is Home Tel _____ Mobiles No(s) _____
Address _____

I enclose a payment of £ Cash Cheque (please indicate by ✓)

I understand that the Camp Leader reserves the right to send any participants home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the camp to sign any document required by the hospital authorities.

Signed: _____ Parent/Guardian Date: _____