

I give permission for

[Redacted]

To attend the camp/activity at

Winter Camp Prances, Wickham Bishops

From

4th December 2009

To

6th December 2009

Doctors Name

[Redacted]

Doctors Tel No

[Redacted]

Surgery Address

[Redacted]

Known allergies

i.e. medicines, food etc.

[Redacted]

Date of Birth

[Redacted]

Date of tetanus

[Redacted]

Has your son/daughter been in contact with any infectious disease within the last 3 weeks?

YES/NO

If yes, specify

[Redacted]

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:

[Redacted]

Any special needs?

[Redacted]

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:

[Redacted]

Other information

[Redacted]

An Off Site Contact for my Son/Daughter is

Home Tel

[Redacted]

Mobiles No(s)

[Redacted]

Address

[Redacted]

I enclose a payment of

£

[Redacted]

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:

[Redacted]

Parent/Guardian

Date:

[Redacted]

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.