

Health and Permissions Form

Event:

Camp Location:

Start Date:

End Date:

This form (both sides) must be completed in ball-point pen in **BLOCK CAPITALS**.

Please answer the following questions as fully as possible. Delete starred * items as appropriate.

Members of the Association over 18 years of age may complete the form for themselves, for those under 18 the form should be completed by their Parent or Guardian.

Note. This information will be held in confidence.

Surname	Date of Birth
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Forenames

Home Address
Postcode
Telephone

Person to be contacted in case of emergency.
Name
Address
.....
Relationship.....
Telephone

Family Doctor
Name
Address
Telephone

2 nd Person to be contacted in case of emergency. (MUST BE AT A DIFFERENT ADDRESS TO NUMBER 1)
Name
Address
.....
Relationship.....
Telephone

On many Unknown ESU events, we have many activities available that require parental permission for Explorers to undertake these activities as per the rules of the Scout Association. A signature is required by a parent or guardian to undertake the below activities.

Lazer Tag ✓ Shooting ✓ Archery ✓ Axe Throwing ✓

I, being the parent/guardian of the young person named above, declare that he/she is not subject to restriction by Section 21 of the Firearms Act 1968 (which applies only to persons who have been sentenced to a term of imprisonment or youth custody) and give permission for him/her to take part in the activities identified above.

Signed _____ Relationship _____ Date _____

Health and Permissions Form

In the space below please give details of the following:-

Any Known Infectious Diseases with which * you / your son /daughter has been in contact within the last four weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

Any chest complaints, wheezing or hay fever, asthma, migraine, fits or faints, bad period pains, diabetes, nervous disorders or any other illness or disability which * you / your son /daughter suffer(s)

Any Known Allergies/Sensitivities and details of any known precautions or remedies which * you / your son /daughter has (e.g. Penicillin, Food Colourings, Travel Sickness, Nut Allergies etc.)

Details of any Medicines/Diets/Treatments which * you / your son /daughter is currently taking / following (including dosage details - please also include any non prescription preparations, such as cough sweets , herbal medicines).
*(If * you / your son /daughter has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with * your / your sons / daughters name and the exact dosages, and should be handed to the Camp Leaders before departure, except inhalers, which may be retained by * you / your son / daughter. Spare inhalers should be given to the Activity Leaders)*

Please continue on a separate sheet if required (Remember to include * your / your sons /daughters name on any separate sheets and attach them securely to this form)

Please indicate whether you would give your permission for us to do provide this medication to your child if this is necessary

- 1) Paracetamol
- 2) Ibuprofen
- 3) Antihistamine

PARENTAL PERMISSION

Parents / Guardians please read and sign.(If the participant is under 18)

I _____, being the legal * parent / guardian with parental responsibility for the above give my consent for my child to attend the Explorer activities.

I understand and accept that some of the activities may involve substantial physical and mental exertion and elements of risk and danger. I am prepared for and consent to my child undertaking such activities as authorised by the Activity Leaders. I understand that all activities will be carried out under the relevant Scout Association Rules.

Please tick at least one box for each question; an un-ticked question will be taken as a **NO**.

	YES	NO
If water activities are included, my child is able to swim 50meters and keep afloat for 5 minutes In clothes with the appropriate buoyancy aids.	<input type="checkbox"/>	<input type="checkbox"/>
If shooting or archery activities are included I give my permission for my child to take part	<input type="checkbox"/>	<input type="checkbox"/>
If photographs are taken I give my permission for them to be used in publicity material It is not our intention to name any individual in any captions	<input type="checkbox"/>	<input type="checkbox"/>

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 any of the Activity Leaders named overleaf to sign any document required by the hospital authorities. I will inform the Activity Leaders if any of the information given on this form changes before each unit night's programme takes place.

Signature of * Parent / Guardian _____

Signature of Participant if over 18 _____

Health and Permissions Form

Camp Name:

Closing Date:

Departure Time and Date:

Arrival Time and Date:

Cost: £

Home Contact:

Meeting Place:

Special Clothing /

Top Half Scout Uniform

Equipment:

Full waterproofs, tea towel, clothes you don't mind getting dirty, wash kit, sleeping bag.

Special Instructions:

None

For more information:

All Activities will be run in accordance with The Scout Association's safety rules. No responsibility for the personal equipment/clothing and effects can be accepted by the camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

This section is for your information, please keep and return pages 1 and 2.



Scouts

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