



# 1st Sawbridgeworth Scout Group

Permission to camp and Medical Information



## PERMISSION TO CAMP FORM

<b>Camp/Expedition:</b>	
<b>Dates:</b>	

Please complete this section as fully as possible, so the information is easily accessible should any incidents arise

Full Name of Scout				Date of Birth		
Names of Parents/Guardians						
Home Addresses Telephone numbers Email Addresses						
	Email:			Email:		
	Tel No	Work No	Mobile no	Tel No	Work No	Mobile no
Emergency Contact Name, Address and Telephone numbers for the time of the Camp/Expedition (if different from above)						
	Email:			Email:		
	Tel No	Work No	Mobile no	Tel No	Work No	Mobile no
National Health number						
Doctor's Name & Address						
						Tel No

I understand the questions on this form and have given replies to them.

I have completed the relevant questions on the reverse of this form, if my child has any special health or dietary needs.

- I give my permission for my child to participate fully in this Scouting activity.
- I will inform the Camp Leaders if my child has been in contact with any infectious diseases within three weeks prior to the camp.
- I give my consent for my child to be given basic First Aid treatment by a member of the Leadership Team should an accident occur.
- 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 Leaders to sign any document required by the Hospital authorities.
- I give my permission for my child to participate in **\*Archery\*** and/or **\*Air Rifle\*** shooting when supervised by qualified Instructors.
- \* I am happy for photos, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels\*, or \* I do not want any photos, video or audio to be used\*.**

(\*delete if permission not given)

Signed			
Print name		Date	

# MEDICAL INFORMATION FORM

*Please complete as fully as possible*

Date of last Tetanus immunisation	
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Medicines and treatment currently being received? <b>(please include ASTHMA and Hay Fever)</b>	

Is your child allergic to anything?  For example any particular drugs (e.g. Paracetamol, Antibiotics (Penicillin)) or any particular foods (e.g. Nuts) if so please give details:	

Does your child have any special dietary needs?  (e.g. Vegetarian) Please include any medical or religious requirements that we should be aware of.	

Has your child any other health restrictions that may affect Scouting activities?  (e.g. ear infection, so cannot go Swimming, etc.).	

Are there any other details that a Doctor should be aware of that may affect medical treatment?	