This form gives the responsibility of your child to the Activity Leader (or designated deputy) for the activity detailed below. It also gives the authority for him/her to consent to any emergency medical treatment needed when you cannot be contacted to consent yourself. All information given will be treated in the strictest of confidence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I give my permission for: - |  |  | Date of Birth: - |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  | |
| To attend: - |  | | | | | |
| From: - |  | | To: - | | |  |
| Please provide emergency contacts that will be available for the duration of the event. | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact 1  Name & Relationship: - |  | Emergency Contact 1  Email Address: - |  |
| Emergency Contact 1  Full Address: - |  | | |
| Emergency Contact 1  Home Tel No: - |  | Emergency Contact 2  Mobile Contact No: - |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact 2  Name & Relationship: - |  | Emergency Contact 2  Email Address: - |  |
| Emergency Contact 2  Full Address: - |  | | |
| Emergency Contact 2  Home Tel No: - |  | Emergency Contact 2  Mobile Contact No: - |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dr’s Name & Address |  | | | |
|  |  |  |  |  |
| NHS Number |  |  | Date of Last Tetanus |  |

All information given will be treated in the strictest of confidence

|  |  |  |  |
| --- | --- | --- | --- |
| **Health** | **Yes** | **No** | **If "Yes" please give details below** |
| Does your child have any medical conditions? |  |  |  |
| Is your child receiving any medication or treatment? |  |  |  |
| Does your child suffer from any allergies? Bee stings, bite etc. |  |  |  |
| Does your child have any dietary needs? i.e. vegetarian |  |  |  |
| Is there anything else that you feel may be relevant? i.e. bedwetting |  |  |  |

|  |
| --- |
| **Further Details** (Attach a separate sheet if required) |
|  |

Please cross through any of the following list of medications that you do not wish your son/ daughter to receive from the Camp First Aid kit under supervision from a Camp first aider. Full details of each medication are available from the Scout Hut

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nivea Sun Cream SPF 20+ |  | Nivea After Sun |  | Calamine Lotion |  |
| Dioralyte |  | Milk of Magnesia Liquid |  | Paracetamol Tablets |  |
| Calpol Six Plus |  | Cuprofen (Ibuprofen Tablets 200mg) |  | Nurofen for Children (Lq Ibuprofen) |  |
| Piriton Syrup |  | Piriton Allergy Tablets |  | Benadryl (Skin Allergy Relief Cream) |  |

I will inform the leaders if my child is in contact with any infectious diseases within 3 weeks prior to the activity.

I will inform the leaders of any medicines which have to be taken &/or diet which must be followed during the activity, & of the appropriate hospital concerned if currently under hospital treatment.

A spare named inhaler is required if you have asthma.

***All other medicines that your child requires during the activity should be in a clear zip lock bag, with name, dosage & frequency handed to the leader in charge or 1st aider at the start of the event & not kept by the child.***

If my child needs to receive medical treatment & I cannot be contacted by telephone or any other means I hereby give my general consent to any necessary medical treatment & authorize the activity leader (or nominated deputy) to sign any document(s) required by the medical authorities.

* I undertake to inform the Activity Leader in the event of any changes to my child’s fitness prior to the activity.
* I confirm that the above details given are true and correct.
* I accept that there is a small element of risk in the activities my child is undertaking.
* I have ensured that my child understands that it is important for their safety & also that of the group that any rules & any instructions given by the Leaders are followed.
* I understand that the Activity Leader reserves the right to send any participants home if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/ Guardian Signature |  |  | Date |  |

On camp, we like to take photos to remember the occasion. Some of the photos are published on our notice boards inside the hut. We would also like to post some photos on our Website & Facebook page.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permission to Take Photos | Yes | No |  | Permission to Publish Photos | | | Internal Only | Web |
|  | | | | | | | | |
| Parent/ Guardian Signature |  | | | |  | Date |  | |