

1st Twyford Scout Troop

PERMISSION TO CAMP FORM



Under Scout regulations and Insurance terms, no child may camp unless this form has been completed in full and returned to the Camp Leader. It gives the authority needed by the Camp Leader to sign on your behalf any papers needed by the medical authorities in case of emergency hospital treatment.

I give permission for to attend:

Winter Camp at Dorneywood on 11th-13th February 2011

under the leadership of:

Phil Hayes, Alan Foord, Peter Rogers, Tilly Clarke and Phil Hodgson

I will inform you if he/she is in contact with any infectious diseases within three weeks of the event, and with the appropriate hospital concerned if he/she is under current treatment. If he/she has to take any pills or medicines, I will hand them to you clearly marked with his/her name and exact dosage, before departure.

In the event of illness or accident requiring emergency hospital treatment I authorise you, as Camp Leader/s, to sign on my behalf any written form of consent required by the hospital authority, if the delay required to obtain my signature is considered inadvisable by the surgeon concerned.

Signed Date

Relationship to child

Full name of child

Home address

.....

..... Telephone Number

Please answer the following, and advise us of any change of circumstances should they arise.

Does he/she suffer from any known allergies e.g. Penicillin? If so give details.

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Does he/she suffer from any ailments or disabilities, such as asthma, travel sickness etc? If so give details and

any remedies.....

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Does he/she have any special dietary requirements? If so give details

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Has he/she been immunised against tetanus in the last 3 years?

National Health Number Date of Birth

Family Doctor, address and Tel No.

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Contact address and Tel No(s) during camp.

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Please detail any other relevant information overleaf. Thank you.

Please note that all information provided will be treated in strict confidence.