

Under Scout regulations and insurance terms, NO child may camp unless this form has been completed in full and returned to the Camp Leaders.

**PLEASE HAND IN 2 COPIES OF THE COMPLETED FORM TO ANY SCOUT LEADER WITH ANY REMAINING PAYMENT**

I give permission for:	Name of Child
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**to attend Summer Camp in Normandy, France from 27<sup>th</sup> July – 3<sup>rd</sup> August 2017**

Under the leadership of: **Phil Hayes, Alan Foord, Bill Evans & the Twyford Scout Leader Team**

**PLEASE ANSWER THE FOLLOWING, AND ADVISE US OF ANY CHANGE OF CIRCUMSTANCES SHOULD THEY ARISE.**

Relationship to Child:		NHS Number:	
Full Name of Child:		Date of Birth:	
Home Address:			
		Postcode:	
Telephone Number:		Mobile Number:	

**PLEASE PROVIDE DETAILS OVERLEAF IF YOU ARE PLANNING TO BE AWAY DURING THIS CAMP.**

Doctor's Name & Address:			
		Postcode:	
Telephone Number:		Date of last Tetanus:	

Allergies to ANYTHING – eg. food, medicines etc.	<i>Continue overleaf if necessary</i>
Ailments / Disabilities (Asthma, travel sickness, etc.) (If so, please give details and remedies)	<i>Continue overleaf if necessary</i>
Special Needs or Dietary requirements (Please brief us personally if necessary)	<i>Continue overleaf if necessary</i>
Current medication (Please advise if self-administered and dosage / frequency)	<i>Continue overleaf if necessary</i>

**PLEASE NOTE THAT ALL INFORMATION PROVIDED WILL BE TREATED IN STRICT CONFIDENCE.**

I will inform you if he/she is in contact with any infectious diseases within three weekdays 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.

No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items. It is recommended that specialist insurance cover is sought if required.

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 Scout Leaders in Charge of the camp to sign any document required by the hospital authorities. \*

Signed:	Parent or Guardian	Date:	
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**PLEASE FILL IN BELOW IF YOU WILL BE AWAY DURING THE CAMP:**

Contact Address During Camp: (If different from above)			
		Postcode:	
Telephone Number		Mobile Number:	

**THE FOLLOWING MEDICATION WILL BE PROVIDED TO RECOMMENDED DOSAGES IF REQUIRED AND TICKED "YES"**

\* Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the Child 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.

Medication	Used for	Yes	No
Paracetamol	Pain / Fever		
Ibuprofen	Pain / Fever / Inflammation / Swelling		
Purified Senna (eg Senakot)	Constipation (Over 12's only)		

**PARENTAL CONFIRMATION - SWIMMING**

Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? (Please circle answer)	Yes	No
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Please remember to provide details of any relevant disability or medical condition in the appropriate part of this form.

**SPACE FOR ADDITIONAL INFORMATION IF REQUIRED:**

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