



PERMISSION TO CAMP FORM

District:	Group:	Section: (please circle) Beavers Cubs Scouts Explorers Network Leader	Leader name and contact number:
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General information

Name: _____

Date of birth: ____ / ____ / ____

NHS Number : _____

Emergency Contact name: _____

Emergency Contact number: _____

Relationship to camper: _____

Emergency Contact address: _____

Doctor's name: _____

Doctor's address: _____

Health

I will inform you if the participant has been in contact with any infectious diseases within the 3 weeks prior to the event, and any medicines, diet etc that have to be taken / followed during the event, and with the appropriate hospital concerned if under current treatment. If he/she has to take pills or medicine, I will hand them to you clearly marked with the participant name and exact dose on arrival at the campsite.

Has the participant been in contact with any infectious diseases within the 3 weeks prior to the camp?
 Yes **No**

Medicines currently being taken: _____

Medicines must be clearly labeled with person's name, name of drug, storage requirements, frequency, and dosage.

Details of any medical treatment that the participant is currently receiving:

Has the participant been immunized against tetanus in the last 3 years? **Yes** **No**

If No, date of last tetanus : ____ / ____ / ____

Please list any allergies to food, medicines or other etc.

To be completed for Members under 16:

The following medication will be available if required. Please indicate which may be used on your child.

- Ibuprofen **Yes** **No**
- Anti – Histamine **Yes** **No**
- Midge Repellant **Yes** **No**
- Calpol **Yes** **No**
- Paracetamol **Yes** **No**

Activities

The participant can swim 50 metres & tread water
 Yes **No**

Photography

During the event photos will be taken for further publicity of West Yorkshire Scouts if you have any concerns about this policy, please contact the event team.

Declaration

I understand that the Camp Leader reserves the right to send any participants home if necessary. If it becomes necessary for myself/ my child to receive medical treatment if contact cannot be made by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Camp First Aider / Camp Leader camp to sign any document required by the hospital authorities.

Signed: _____
 (Myself/ parent/guardian if under 18)

Date: ____ / ____ / ____

NOTE: 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. The Medical Profession takes the view that a Parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a Doctor / Nurse insisting on the consent of the Parent or Guardian has the right to do so. For this reason we do not recommend that Leaders insist on Parents signing the statement above. At the same time, it can be a comfort to medical staff to have general consent in advance from Parent's or to have a Leader on hand able to sign forms required by the medical authorities.



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