

Scouts forenames	Scouts surname																			
Camp - Parents consent form																				
<small>Side one of two sides</small>																				
<small>This form has to be completed for every child attending any overnight camp. (Any person under 18 years old)</small>																				
I am willing for my child to attend the camp at																				
The small print																				
<p>All activities will be run in accordance with the Scout Association's rules (POR). No responsibility for personal equipment / clothing and effects can be accepted by the camp organisers and the Scout Association does not provide automatic cover in respect of such items.</p> <p>Photographs and video images will be taken during the camp, and these will include your child. These images will be used, in accordance with POR for promotion of the Group, the Group's records, possible articles for the local paper or for insert onto our website, or in other ways to promote scouting.</p> <p>I understand that the Leader in charge reserves the right to send, at the parent's expense any participants home if he deems necessary.</p> <p>This form will be copied once for the home contact. Both copies will be destroyed after the camp. The data will not be entered into any electronic storage device or passed at any third parties.</p>																				
Personal details																				
My child's date of birth	My child has the following special dietary requirements																			
Their age on 1 st May 2009																				
My child's gender																				
<input type="checkbox"/> Female <input type="checkbox"/> Male																				
My child's national health number																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Religion																				
Other useful information you think we should know about your child <small>(ie any special needs)</small>																				
Contacts details																				
My child's doctors name																				
Practice																				
Address																				
Telephone																				
My home Address																				
Postcode																				
Telephone daytime	Telephone evening																			
Mobile (Mother/Father)	Mobile (Mother/Father)																			
My address during the Weekend camp, if different from above																				
Address																				
Postcode																				
Signature																				
Signed	Relationship to child																			
Name	Date																			
<small>Scouters use only</small>																				
Ca																				
This form must be returned before camp so copies can be made for the home contact																				

Scouts forenames	Scouts surname
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Camp - Health information form

Side two of two sides

The small print

I will list below any medicines, treatments to be taken during the camp and the appropriate hospital or specialist concerned if under any treatment. I will also ensure that any medicines required during the camp are handed to the person responsible for first aid before the start of the camp. All prescription medicines must be in their original containers, as issued by the doctor/pharmacist, with the dosage clearly shown,

I agree to allow the person responsible for first aid to administer any reasonable 'off the shelf' medical remedied as necessary. All treatment will be recorded on this form.

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*¹ to any necessary medical treatment and authorise the Scouter in charge of the camp to sign any documents required by the hospital authorities.

Note: *1 The medical profession takes the view that the 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 a parent to a particular treatment has the right to do so. However, it can be a comfort to the medical staff that the general consent in advance from parents has been given or to have a Leader on hand able to sign forms required by medical authorities.

Medical details

My child has the following allergies/sensitivities			My child is currently taking the following medicines
Asthma	Yes	No	
Hay fever	Yes	No	
Penicillin	Yes	No	
Plasters	Yes	No	
Other medical allergies/sensitivities			
Immunised against tetanus	Yes	No	
Date of last injection			

First aid & Treatment chart

This form is to be filled in upon every visit to the first aid tent, even if no treatment is given

Date	Time	Signs & symptoms	
Treatment given			Signed
Date	Time	Signs & symptoms	
Treatment given			Signed
Date	Time	Signs & symptoms	
Treatment given			Signed
Date	Time	Signs & symptoms	
Treatment given			Signed
Date	Time	Signs & symptoms	
Treatment given			Signed