

SURNAME:	Forename(s):	Bentley / Loach / Thursday Troop Explorer / Adult
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Daytime Activities & Camps - Consent

Side one of two sides

All Activities/Camps will be run in accordance with the relevant Scout Association's Policy, Organisation & Rules.

No responsibility for personal equipment / clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic cover in respect of such items.

Photographs and video images may be taken during the Activity/Camp and these may include your child. These images may be used, in accordance with POR, for promotion of the Group, the Group's records, possible articles for the local media, used on our website.

I understand that the Leader in charge reserves the right to send, at the parents expense, any participant(s) home if they deem it necessary.

For camps, I will ensure my child does **not** have a mobile phone with them.

This form may be copied. All forms will be destroyed at the end of the scouting year, unless treatment recorded in which case the data will be kept in line with records policy. The data will not be passed at any third parties.

Personal details		Dietary requirements		
My child's date of birth		My child has the following special dietary requirements		
Their age at the Activity/Camp		Vegetarian	Yes	No
My child's gender		Other requirements:		
My child's national health number				
Religion				

Other useful information you think we should know about your child (i.e. any special needs)

Can they swim 50 meters:	Yes	No	Comment:
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Contact details

My home address

Mobile (Father)	Mobile (Mother)	Home Tel no
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My address during activity/camp (If different from above)

My child's doctor's name:

Practice:

Address:

Telephone:

Signature

Signed

Relationship to child

Name

Date

This form must be returned BEFORE the activity/camp NOT on the day

Date	Time	Signs & symptoms
Treatment given		Signed

