SURNAME:	Forename(s):	Blaise/Castle/Cote Beavers Walters/Spence/Chapel Hill Cubs Bentley/Loach/Thursday Scouts Explorer/Adult

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:

Contact details

My home address

Mobile (Father) Mobile (Mother) Home Tel no

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

SURNAME:	Forenames(s)

Daytime Activities & Camps – Health Information

List below any medicines or treatments to be taken during the Activity/Camp and the appropriate hospital or specialist concerned if under any treatment. All prescription medicines are in their original packaging, as issued by the doctor/pharmacist, with my childs name, dosage and any special storage instructions clearly shown.

I will ensure that all medicines or treatments are be handed to the person responsible for first aid at the start of the activity/camp.

I agree to allow the person responsible for first aid or adult nominated by the Activity/Camp Leader to administer any reasonable 'off the shelf' medical remedy 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 Activity/Camp to sign any documents required by the hospital authorities.

Medical details

My child has the following allergies/sensitivities		
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		

My child is currently taking the following medicines (include type/name, frequency of dose and how administered if it is not clear on the packet)

First aid & Treatment Record

Please note - this form is to be filled in upon every visit to the first aider, 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
Date	Time	Signs & symptoms
Treatment given		Signed
Date	Time	Signs & symptoms
Treatment given		Signed