

301st Kingshurst Scout Group Camp/Holiday Form

This Part to be kept by parent/guardian

Please complete legibly in black ink.

Please return the lower section of this form completed

and signed by _____

Date _____

To the camp leader(name) _____

Address _____

Tel Number _____

Group Name _____

Event _____

Will take place at (postal address) _____

From(Date) _____

To(Date) _____

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.

Leaving From (Place) _____

At (Time) _____

Cost £ _____

With a deposit of £ _____

To be paid by (date) _____

With the balance paid by (date) _____

The home contact if necessary is

Name _____

Address _____

Additional information about the event and activities

This part to be returned to the leader.

I give permission for

(Name of child) _____

To attend the camp/holiday at: _____

Does He/She have any special needs ? Please continue overleaf if necessary: _____

From _____

To _____

He/She can/can not swim 50 metres and tread water.

He/She May/May not bathe under careful supervision.

Name, address and telephone number of Doctor. _____

Has He/She been in contact with any infectious

Diseases within the last 3 weeks ? _____

Date of birth _____

During the event I can be contacted in an emergency at _____

Date of last tetanus immunisation _____

Medicines currently been taken _____

Telephone number _____

Does He/She have any allergies to food, medicines or other ? _____

I understand that the camp leader reserves the right to send any participants home if necessary. 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 Scouter in charge of the camp to sign any document required by the hospital authorities.

Does He/She have any special dietary needs ? _____

Signature of Parent/guardian _____

Date _____

Note: The medical profession takes the view that the parents consent to medical treatment cannot be delegated. This view is explicit in the childrens 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.