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| **1st Theale & Calcot Scout Troop** | From:  To:  |
| Scout Leader  | Assistant Leaders  |

**This section is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. Please complete in BLOCK CAPITALS)**

I hereby give permission for my child to attend the aforementioned Camp.

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| **Scout Name:** |  |
| He/She may partake in Hiking, camping, cooking on open fires and night time activities. Pl**ease delete as you consider appropriate**. Yes 🞎 No 🞎 | Date of last Tetanus injection: |

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| Parent/Guardian Address during the CampTelephone number: | Family Doctor’s Name and AddressTelephone number:  |

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 Camp Leader named overleaf (or in their absence one of the assistant camp/holiday leaders named overleaf), to sign any document required by the hospital authorities.

I will inform the Camp Leader if any of the information given on this form changes before the event takes place.

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| Name of Parent/Guardian: | Relationship to Young Person: |
| Parent/guardian Signature: | Date: |
| The Camp Leader (or in their absence one of the assistant Camp Leaders named overleaf) may administer the appropriate minor treatment/precautions (as listed below) if required.Headache Stomach Upset Cuts & Grazes Colds etc. Other Specific Ailments Please continue on reverse if required. |
| **Health Information:** |
| In the space below please give details of the following:-1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)3. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines).(If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their) (Name and the exact dosages, and should be handed to the Camp Leader/First Aider before departure). |
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