

PERMISSION FORM



This form needs to be completed and returned to your Leader

I give permission for _____ to attend the Cub Scout / Scout Camp
from _____ to _____ at _____.

SCOUT'S DETAILS

Section

Beaver / Cub / Scout

Parent's/Guardian's address during the time of the event

Contactable Telephone Number

Date of Birth

NHS Number

Date of Last Tetanus inoculation

Medical details including **allergies** eg penicillin, **disabilities** eg Asthma or **dietary needs** eg no nuts

Please continue overleaf

Please tick which of the following **may be used** on your child by the Qualified First Aider to relieve minor ailments.

- Antiseptic wash / cream Junior paracetamol
 Sting relief cream Hypoallergenic plasters

Family Doctor's address

Emergency Telephone Number

Photographs of the event will be taken to promote scouting in the local area.
Please contact the Event Organiser if you have any questions regarding this matter.

If, in the event of illness or accident requiring emergency hospital treatment, I authorise the Activity Leader to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my signature is considered inadvisable by the surgeon concerned.

Please confirm that the above information is correct by signing below.
Thank you for your time.

Name _____ Signed _____ Date _____
Parent/Guardian Parent/Guardian