

GENERAL MEDICAL & PERMISSION TO CAMP FORM 2011

To: 1st Maidenhead Sea Scout Group

I give permission for _____ to take part in Scouting Activities and Camps.
(Full Name)

I will inform the Leader of any medication, diet, etc, to be taken during a camp/activity and the appropriate hospital concerned if under current treatment. (If they have to take pills or medicine the bottle or jar will be clearly marked with their name and the exact does, and handed to the Leader).

In the event of illness or accident requiring emergency treatment and if I cannot be contacted or if the delay to obtain my own signature is considered inadvisable by the doctor or surgeon concerned - I authorise the Leader or assistant to sign on my behalf, any written form of consent required by the hospital authorities.

I give permission for a Leader or assistant to use antiseptic if my child cuts themselves or if a minor ailment develops e.g. headache, tummy upset, to administrate a proprietary drug if necessary.

I confirm my child can swim comfortably in clothing for 25 metres in deep water.

I understand that Leaders can accept NO responsibility for personal equipment, clothing and effects. The Scout Association or 1st Maidenhead Sea Scout Group does NOT provide automatic insurance cover for such items.

I will make sure that my child does not take any unauthorized items on any Scouting Activity. Unauthorised items include: - knives, alcohol, tobacco items, matches, fireworks, aerosol cans, inflammable liquids, explosive items, etc. Battery operated items (except a watch/torch) e.g. **mobile phones**, radios, cassette recorders, iPods, computer games, etc. **If my child does take any unauthorised items, I realise that they could be sent straight home, at any time of day/night.**

I have ensured that my child understands that it is important for his safety and for the safety of the group that any rules and any instructions given by the Leaders are obeyed. I undertake to inform the Leader in the event of any changes to my child's fitness prior to any camp / Scouting activity or event.

Home Address _____

Telephone _____ Mobile Telephone(s) _____

Other contacts / Mobile Tel. _____

Emergency Contact [Another person, whose not at home] Name _____

Address _____ Telephone _____

My child has / has not* any known allergies/sensitivities, e.g. penicillin, or disabilities, e.g. asthma, bed-wetting, etc.

If they have please give full details of precautions and/or remedies _____

Date of Birth ___/___/___ Date last immunised against tetanus ___/___/___ National Health Number _____

Name and Address of Family Doctor _____

Tel No _____

Any Other Information that you feel relevant _____

Parents Signature _____ Date ___/___/___

Parents Name [Printed] _____

My child will/will not* be taking medication at Scouting Activities / Camps. (Full Details of ALL medication, below)



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Medication Form

As noted above, my child _____ requires the following medication and doses as described below:

Condition

Drug

Dose
