



PERSONAL DETAILS

Under 18 years old at commencement of the event

**ALL SECTIONS MUST BE COMPLETED IN BLOCK CAPITALS
AND BLACK INK**



PERSONAL DETAILS

Name (Surname first).....Male/Female

Address.....

Date of Birth (DD,MM,YY)..... Tel.....

Religion.....Unit.....

I understand that the organisers reserve the right to send participants home if necessary. I also understand that some of the information supplied on this form will be held in a database for administration purposes. I give explicit consent to details of my son's/daughter's disabilities, health, religion or faith essential to the running of the event being held confidentially within the organisation of the camp. All information given on this form is full and accurate.

Publicity Photography and Video Recording

Any photographs and video footage filmed during the camp will only be used in connection with the publicity of Scouting. We will not publish any address details or surnames of any young people in captions associated with the photographs.

I hereby confirm that I have no objections to photographs of my son/daughter taken during the Camp to be used for Scouting purposes.

Signature (parent/guardian):Date.....

HOME CONTACT DURING CAMP

Name..... Name.....

Relationship to young person..... Relationship to young person.....

Address..... Address.....

Daytime Tel..... Daytime Tel.....

Evening Tel..... Evening Tel.....

Mobile Tel..... Mobile Tel.....

MEDICAL DETAILS AND CONSENT
(Please attach a separate sheet for detailed replies if necessary)

Own family Doctor.....Tel.....

Address.....
.....

Does your son/daughter suffer from any illness or disability e.g. Asthma, Diabetes?
YES/NO

If YES, please give details.....

Is your son/daughter allergic to anything e.g. Antibiotics, particular food?
YES/NO

If YES, please give details.....

Does your son/daughter have any special dietary needs e.g. medical, religious, vegetarian?
YES/NO

If YES, please give details.....

Date of last Anti-Tetanus.....Is he/she a contact lens wearer? **YES/NO**

Is he/she receiving any ongoing medical treatment at present? **YES/NO**

If YES, please give details.....

Please also give details of any medication.....

Hospital Consultant (if applicable)

Surname.....First Names.....

Hospital.....

Tel.....Patient's Registration No.....

FOR MEMBERS OF THE SCOUT ASSOCIATION UNDER 18

All medication (clearly marked with your son/daughters name and full instruction for use) must be handed to the Leader in Charge or the First Aider, except for inhalers, which may be retained by your son/daughter. It is recommended that a spare inhaler is lodged with an appropriate leader.

EMERGENCY PERMISSION

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 On Duty Health Officer for the camp (if applicable) to sign any document required by the hospital authorities.

Signed.....Parent/Guardian.....Date

All camps/activities/etc are priced in order to cover the costs of the event, after allowing for a small contingency. In the event of a surplus arising, the organisers reserve the right to retain any such surplus within the Section/Group/District/County etc, to be used in Scouting.