

Permission to Camp Form

Return to any Scout Leader.

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.

I give permission for :
to attend the camp based at :
From :

To :

He/she has/has not been in contact with any infectious diseases within the 3 weeks?

.....

National Health Service Number :

Date of last tetanus immunization :

Medical Problems (Asthma, Diabetes etc) :

.....

Continue overleaf if necessary

Medicines currently being taken:(incl Doses) :

Does she/he have any allergies to food, medicines or other?

.....

Does she/he have any special needs? (Diet etc) Please continue overleaf if necessary :

.....

Name, address and telephone number of own Doctor :

.....

.....

Date of birth :

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

.....

Telephone number :

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 authorize the Scouters in charge of the camp to sign any document required by the hospital authorities.

Signature of parent/guardian :

Date :

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children 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.