

Name Of Cub In Capitals.....

PERMISSION TO ATTEND THE CAMP/HOLIDAY

I give permission for ..... age .....

to attend the Camp/ Holiday at .....

from .....to .....No. of days .....

under the Leadership of Simon Bennett plus other Adult Assistants.

And to Visit ..... on Wed .....

Travelling in private cars or in the minibus.

The named cub is taking Medicine, which will be handed to Simon with full instructions and clearly labelled. Yes/No

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

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Child 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. The Scout Association Jan 2000.

My child HAS/ HAS NOT any known allergies/ sensitivities (e.g. penicillin) or disabilities (e.g. travel sickness, asthma, bed wetting etc.).

If YES state details here.....

Has the cub been immunised against tetanus in the last 3 years.....

May the named cub swim in a pool under supervision.....

(Neither Simon or the other helpers are qualified savers, but they do swim and would be with the Cubs at all times unless qualified lifeguards were present (ie At the Sovereign Centre). Other Assistants may be qualified at some events)

National Health Service Number is .....Date of Birth.....

Name and Address of family Doctor.....

.....Tel:.....

During the event my Address will be .....

.....Tel:.....

Emergency Contact (relation/friend/neighbour) .....

.....Tel:.....

signed PARENT/ GUARDIAN .....Date .....

**THIS FORM MUST BE COMPLETED AND HANDED TO Simon ON ARRIVAL AT THE EVENT.**

All forms will be kept safe and confidential, and only used in an emergency.

**PERMISSION TO TAKE PART IN ACTIVITIES**

On site there are many activities offered and we will not have time to participate in all of them

*Archery, Grass Sledging, Pot Holing, Swimming on site, Orienteering, Tracking, Silly Sports, Abseiling, Volleyball, basketball, etc.*

One activity on site is an air rifle range run strictly by the Instructors.  
If we get the opportunity to book this activity then we do need a separate signed permission form.

**I give consent for .....(Cub Name) to use an Air Rifle under instruction at Broadstone Warren**

**Signed ..... Parent Name.....**

**DO NOT SIGN IF YOU WOULD PREFER NOT TO**  
**I**

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