



# 5<sup>th</sup> Potters Bar Scout Group

## Permission to Camp and Medical Information

V.1.2/MAY20

### PERMISSION TO CAMP

<b>Date Completed:</b>	
<b>Name of Camp:</b>	

*Please complete this section as fully as possible, so the information is easily accessible should any incidents arise*

Full Name of Young Person				Date of Birth			
Names of Parents/Guardians							
Home Addresses Telephone numbers Email Addresses							
	Email:			Email:			
	Tel No	Work No	Mobile no	Tel No	Work No	Mobile no	
Emergency Contact Name, Address and Telephone numbers for the time of the Camp/Expedition (if different from above)							
	Email:			Email:			
	Tel No	Work No	Mobile no	Tel No	Work No	Mobile no	
National Health number							
Doctor's Name & Address							
				Tel No			

**I understand the questions on this form and have given replies to them.**

**I have completed the relevant questions on the reverse of this form, if my child has any special health or dietary needs.**

1. I give my permission for my child to participate fully in this Scouting activity and will inform the Camp Leaders if my child has been in contact with any infectious diseases within three weeks prior to the camp.
2. I give my consent for my child to be given basic First Aid treatment by a member of the Leadership Team should an accident occur.
3. 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 Leaders to sign any document required by the Hospital authorities.
4. I give my permission for my child to participate in **\*Archery\*** and/or **\*Air Rifle\*** shooting when supervised by qualified Instructors.
5. **\* I am happy for photos, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels\*, or \* I do not want any photos, video or audio to be used\*. (\*delete if permission not given)**

**DATA PROTECTION**

The information you provide in this form is being collected with a view to safeguarding the welfare of the young person concerned during their attendance at the relevant Event. In the event of a young person requiring emergency treatment, the medical information provided within this form will be of assistance to medical authorities in deciding the most appropriate treatment to give.

Please see the Group's Data Protection Policy on our website at [www.5pb Scouts.co.uk/dp](http://www.5pb Scouts.co.uk/dp)

**Consent: You hereby give the 5th Potters Bar Scout Group permission to lawfully process the information within this form in accordance with the Group's Data Protection Policy.**

Signed		I give the consent in respect of Data Protection as outlined above. (Please Circle)	YES      NO
Print name		Date	

# MEDICAL INFORMATION FORM

*Please complete as fully as possible*

Full Name of Young Person	
Last Tetanus immunisation	

<b>Medicines and treatment currently being received? (please include <b>ASTHMA</b> and Hay Fever)</b>	

<b>Is your child allergic to anything?</b>  For example any particular drugs (e.g. Paracetamol, Antibiotics (Penicillin)) or any particular foods (e.g. Nuts) if so please give details:	

<b>Does your child have any special dietary needs?</b>  (e.g. Vegetarian) Please include any medical or religious requirements that we should be aware of.	

<b>Has your child any other health restrictions that may affect Scouting activities?</b>  (e.g. ear infection, so cannot go Swimming, etc.).	

<b>Are there any other details that a Doctor should be aware of that may affect medical treatment?</b>	