

ROWBOATING OFFROAD CYCLING OFFSHOOTING POT HOLLING POWERBOATING SCUBA DIVING
 AG LIDING PARASCENDING PONY TREKING ROWING SAILING SCRAMBLING SNOWBOARDING
 H BALL QUAD BIKING RAFT BUILDING ROWING SAILING SCRAMBLING SNOWBOARDING
 LLING SHOOTING SINGLE PITCH CLIMBING SKIING SNORKELLING SNOWBOARDING
 REET SPORTS SUBAQUA SURFING SWIMMING WATERSKIING WHITEWATER RAFTING
 RFING ZORBING ABSEILING AERIAL RUNWAY ARCHERY BALLOONING BANDS BOULDER



CITY OF HULL DISTRICT SCOUTS

Permission to Camp and Medical Form

Please fill in and return this form for the Cubs Sixer and Seconder camp, taking place between Friday 12 May and Sunday 14 May 2017. The camp is taking place at Melton Bottoms Camp Site, Melton Bottoms, HU14 3HU

Cubs Name: **Date of Birth:**.....

Home Address:

Parent Contact Number(s):

Scout Group:

NHS Number: **Date of last tetanus:**

(Available from your Doctor if not known)

Name and address of family doctor:.....

.....

- Does your son / daughter have any allergies, (e.g. Penicillin)? **YES/NO***
- Does your son / daughter have any special dietary needs? **YES/NO***
- Do you have any objection to the use of Elastoplasts etc. if necessary? **YES/NO***
- Do you have any objection to them being given paracetamol etc. if necessary? **YES/NO***

(*Please delete where not applicable.)

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS OVERLEAF

All activities will be run in accordance with the Scout Association's safety rules. No responsibility for 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 cubs Sixer and Seconder camp**
at Melton Bottoms Camp Site, Melton Bottoms, HU14 3HU from 12 until 14 May 2017.

I will inform you if he / she comes into contact with any infectious disease within three weeks prior to the camp and if any medicines / diet etc. have to be taken / followed during the camp (and give details of the appropriate hospital concerned if under current treatment). If he / she has to take pills or medicine whilst on the camp, I will hand them to you, clearly marked with his name and the exact dose..

I understand that the Camp Leader reserves the right to send any participant 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 and authorise the Scouter in charge of the camp / activity at the time to sign any document required by the hospital authorities.

SIGNED:..... **DATE:**.....

NAME (PLEASE PRINT):.....

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.