

CITY OF HULL DISTRICT SCOUTS

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- Permission Form

Personal Details	Full Name:		D.O.B (DD/MM/YYYY)	
	Group Name:		Section:	
Official Use Only	Team Number:		Personal Reference Number:	

Parent / Guardian Details			
Address & Postcode:			
Telephone		Mobile:	

Health Details			
NHS Number:			
GP's Name:	Dr	GP's Telephone Number:	
GP's Address:			
Does he/she have any allergies?	<i>(If 'yes' please give details)</i>		
Is he/she taking any medicines or inhalers etc?	<i>(If 'yes' please give details)</i>		
Does he/she have any dietary requirements?	<i>(If 'yes' please give details)</i>		
Does he/she have any other special needs?	<i>(If 'yes' please give details)</i>		

I give permission for to attend the
 I will inform you if my child/ ward have been in contact with any infectious diseases with a month prior to the event. I understand full completion of this form is a Scouting requirement. If it becomes necessary for my child/my ward to receive medical treatment and myself or another member of family/next of kin cannot be contacted by any means, **I HEREBY GIVE MY GENERAL CONSENT TO ANY MEDICAL TREATMENT AND AUTHORISE THE LEADER (OR IN THEIR ABSENCE ONE OF THE ASSISTANT LEADERS) OF THE CAMP/ACTIVITY TO SIGN ANY DOCUMENTS REQUIRED BY THE HOSPITAL AUTHORITES.**

Singed:	
Print Name:	
Date:	

- To conform to the UK Data Protection Act, you are advised that the information on this form may be entered into a computer and used for Scout purposes only.
- Some photographs may be taken during the activity and used for Scout websites, publications or within the media. The privacy of any person photographed will be protected, no individuals will be identified or personal details used with any of the material produced.

