

**CAMP/HOLIDAY INFORMATION**

This part to be kept by parent/guardian. Please complete legibly in black ink

Please return the lower section of this form, completed and signed by

(date): .....  
to the Camp Leader (name): .....  
Address: .....  
.....  
Telephone number: .....  
For (name of Group): .....  
The (name of event): .....  
Will take place at (postal address): .....  
.....  
OS sheet number (6 fig grid ref): .....  
From (date): .....  
To (date): .....

Leaving from (place): .....  
At (time): .....  
Cost £ .....  
With a deposit of £ .....  
To be paid by (date): .....  
With the balance paid by (date): .....  
The Home Contact if necessary is  
Name: .....  
Address: .....  
.....  
Additional information about the event and activities:  
.....  
.....

**All activities will be run in accordance with The Scout Association's safety rules. camp organisers  
No responsibility for the personal equipment/clothing and effects can be accepted by the  
and The Scout Association does not provide automatic insurance cover in respect to such items.**

This part to be returned to the Leader Does she/he have any special needs?  
Please continue overleaf if necessary. *Dietary, medicines, allergies etc*  
I give permission for

.....  
(name of child): .....  
She/he may/may not bathe under careful supervision.  
To attend the camp/holiday at: .....

She/he can/can not swim 50 metres and tread water.

Name, address and telephone number of own Doctor:  
.....  
.....

From: .....  
.....  
To: .....  
Date of birth: .....  
Has she/he been in contact with any infectious diseases within the 3 weeks?:

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

Date of last tetanus immunisation: .....  
Medicines currently being taken: .....

Telephone number: .....

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

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

Does she/he have any special dietary needs?  
.....

Signature of parent/guardian: .....  
Date: .....

*Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. Medical consent in this view is explicit in the Children Act 1989. These 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.*