

# 1st Finchampstead Scout Group

## Permission to Camp Form – Summer Cub Camp 2010

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Capacity (circle as appropriate): Cub (Badgers)                  Cub (Leopards)                  Other

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Name and Address of G.P:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP Tel. No. \_\_\_\_\_

Please list any medications your child is currently taking.

\_\_\_\_\_  
\_\_\_\_\_

Please Note: Any Medication brought to camp should be clearly marked with the child's name on it and stating the correct dosage and handed to the Camp Leader / First Aider.

Please provide details of any allergies (incl. food allergies)

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Please provide details of any special dietary needs (i.e. Vegetarian)?

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If my child has the clear requirement during camp I give my permission for a Leader to administer the following – please circle (these will be administered as needed if not listed under known allergies).

Paracetamol	YES	NO	Aspirin	YES	NO
Anti Histamine Cream (Insect bites/stings/etc)	YES	NO	Sun Cream	YES	NO

If you are going to be away from home during camp please give an address and telephone number where you can be contacted.

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Any other information that you consider might be useful to us in our care of your Son/Daughter during the period of the camp including any particular friends your child may wish to be grouped with.

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In the event of serious illness or accident requiring emergency treatment, I authorise the leader in charge of the camp to agree to any treatment where the Doctor considers that the delay required to obtain our permission would be detrimental to my son/daughter's health

By signing this form I am giving permission for my child to attend the 1<sup>st</sup> Finchampstead Summer Cub Camp between the 28<sup>th</sup> and 30<sup>th</sup> August 2010 and confirm that the information I have provided is, to the best of my knowledge, correct.

Signed \_\_\_\_\_ Parent / Guardian Date \_\_\_\_\_

**NOTE:** The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in The Children Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of the parents to a particular treatment has the right to do so. Although we cannot insist that parents sign the above statement, 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.