

**1st Finchampstead Scout Group**  
**Permission to Camp Form – Summer Cub Camp 2010**  
**(Leaders & Adult Helpers)**

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

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

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

Name and Address of G.P:

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

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

Please provide details of any allergies

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

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

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**Please provide details of your Next of Kin**

(This has to be someone who is not on camp with you and who can be contacted in case of emergency)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Any other information that you consider might be useful to us during the period of the camp.

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By signing this form I confirm that the information I have provided is, to the best of my knowledge, correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_