



PERMISSION TO ATTEND/CAMP FORM

Get Active 2009

Fri 15th to Sun 17th May 2008 @ Lions Copse

This form is to be filled in by the Parents / Guardians of all Scouts attending the camp/activities. It gives the Camp First Aider / Camp Leader, your authority to sign on your behalf, any papers needed by the medical authorities in case of emergency hospital treatment, plus permission to take part in any shooting activities.

I give permission for: _____

of _____ Scout Group

to attend/camp at the Get Active event at: **Lyons Copse**

from: _____ to _____.

I will inform you if he/she has been in contact with any infectious diseases within the 3 weeks prior to the event, and any medicines, diet etc that have to be taken / followed during the event, and with the appropriate hospital concerned if under current treatment. If he/she has to take pills or medicine, I will hand them to you clearly marked with his/her name and exact dose on arrival at the campsite.

Has she/he been in contact with any infectious diseases within the 3 weeks prior to the camp? Yes No

Medicines currently being taken: _____

Medicines must be clearly labeled with person's name, name of drug, storage requirements, frequency, and dosage.

Details of any medical treatment that they are currently receiving: _____

Has she/he been immunized against tetanus in the last 3 years? Yes No

If No, date of last tetanus immunization: ____/____/____

Please list any allergies to food, medicines or other etc. _____

National Health Service Number is _____

Name and address of Family Doctor: _____

Telephone number: _____

Date of birth: ____/____/____

Troops / Units Home Contact: **Gill Craft**

Home Contacts telephone number: **07769 957971**

Home address: _____

Home Telephone number: _____

To be completed for Members under 16:

The following medication will be available if required.

Please indicate which may be used on your child.

Ibuprofen Yes No

Anti – Histamine (Piriton or similar) Yes No

Midge Repellant Yes No

She/he can swim 50 metres & tread water. Yes No

Please list any special dietary needs. _____

Please list any special needs? _____

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 Camp First Aider / Camp Leader camp to sign any document required by the hospital authorities.

Signed: _____ (parent/guardian)

Date: ____/____/____

Parental Consent Form -Shooting Activities

Specific parental permission is needed before a young person can take part in shooting activity.

(Please read carefully and sign the declaration below)

THE FIREARMS ACT 1968 - Section 21

Prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved club or at any shooting event, where a certificate is not ordinarily required.

It also applies to the POSSESSION or USE of other categories of firearms and ammunition such as AIRGUNS or shotgun cartridges for which a certificate is not needed.

A sentence of 3 months to 3 years attracts a 5-year prohibition, shorter ones no prohibition but a longer one means life ban.

I have noted the arrangements and give permission for: _____ (Name of young person) to take part in Air Rifle, Air Pistol, Rifle or Laser Clay Shooting.

Please state whether your son/daughter has a disability or condition that may be affected by this activity. _____

Please indicate details of any medical treatment that they are receiving at the moment: _____

Firearms act 1968 declaration:

(This is a Legal Requirement and must be signed)

I _____ hereby declare my son/daughter _____ is not subject to the restrictions stated above in section 21 of the firearms act 1968.

Name _____

Signature: _____ Date ____/____/____

**PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION OVERLEAF.
ALL INFORMATION SUPPLIED WILL BE TREATED IN THE STRICTEST CONFIDENCE.**

Occasionally, photographs from the camp and its activities are used in Scouting newsletters, parent's evenings and promoting the camp etc. Care is taken to ensure that the photos are appropriate and reflect Scouting at its best.

All activities will be run in accordance with The Scout Association's safety rules. No responsibility for the 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.

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/nurse insisting on the consent of a parent to a particular treatment has the right to do so. 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.