

Permission to camp form

To Parents/Guardians:-Please return the lower section of this form, completed and signed, to a Leader before or on Wed 1st Feb

District Beaver Sleepover

At: Mount Pleasant Hall

From: 10am Sat 11th Feb

Till: 11.30am Sun 12th Feb

Cost:- £10.00 per child

The Leader for contact :-

Darzee 01633 874 339

Home contact: Lisa Michael

07717 164 436

All activities will be run in accordance with The Scout Association safety rules. No responsibility for personal equipment, clothing and effects can be accepted by the organisers and The Scout Association DOES NOT provide automatic insurance cover in respect of such items. Please contact the Leader if you require any further information.

Cut off and return the slip below and keep the top part of the sheet somewhere safe

Personal Information

This section to be filled out by the parent or Guardian of the named Beaver Scout

I give permission for

(name) _____

To attend Sleepover at Mount Pleasant

Hall from 11 – 12 Feb 2012

The following information is provided for the benefit of

The Leader

Name, address and telephone number of own

Doctor

Has he/she been in contact with any infectious diseases within the last three weeks prior to this event? _____

Medicines currently being taken _____

Date of last tetanus immunisation _____

Does he/she have any allergies to food, medicine or other? _____

Does he/she have any special dietary needs?

Does he/she have any other special needs?

Please continue on a separate sheet if needed

Additional information the Leaders should have _____

Date of birth _____

NHS number _____

During the event, the emergency contact for the child is _____

at _____

Tel- _____ or _____

I understand that the Leaders reserve the right to send any participant home if necessary.

If it becomes necessary for

(name) _____

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 Leader in charge of the Sleepover to sign any document required by the hospital authorities.

Signature _____

(parent or guardian)

Date _____