



District Scrapheap Challenge Competition 2017

At 1st Calne Scout HQ January 21st

ACTIVITY PERMISSION/MEDICAL FORM

I give permission for my child (name) to attend the above event.

Home Address:

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Home Tel No: Mobile No:

In the event of an emergency and I am unavailable please contact:

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In the space below please inform us of all relevant medical information, allergies, dietary requirements and other information that we may need to know about your child before undertaking this activity. Please attach a separate sheet if necessary.

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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 medical treatment and authorise the Leader in charge of the activity to sign any document required by the hospital authorities. I understand that for the duration of the event, the leaders will act as a responsible parent would in a first aid situation. If it is serious or there are any queries, the leaders will try to contact me.

The following may be administered to my child by a responsible adult in the appropriate circumstances.

Delete as appropriate

Calpol (paracetamol) Yes / No

Cotton Wool & Water Yes / No

Antiseptic Cream Yes / No

Hypo-allergenic plaster Yes / No

Antihistamine Cream Yes / No

Please provide additional comments:

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Photographs may be taken to record the event and these will be used in displays and to promote the group. I am/am not content that photographs may be taken of my child for these purposes.

Signature (Parent / Guardian) Date

Safety Information

All activities will be run in accordance with the Scout Association's Safety Rules. No responsibility for personal equipment, clothing and effects can be accepted by the Activity Organisers, and the Scout Association does not provide automatic insurance cover in respect of such items.