



Woodseats Scout Unit

General Consent Form

THIS PART TO BE KEPT BY THE PARENT/GUARDIAN

Please return the lower section of this form, completed and signed by:

To the Leader: _____ Mobile number: _____
For: Woodseats Scout Unit. _____ The: _____
At: _____ Cost: _____
From: _____ To: _____
Leaving from: _____ Meeting At: _____ Return: _____

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 of such items.

THIS PART TO BE RETURNED TO THE LEADER

I give permission for: _____
To attend the event at: _____
From: _____ To: _____
Has she/he been in contact with any infectious diseases within the 3 weeks? YES/NO
Date of last tetanus immunisation: _____
Medicines currently being taken: _____
Does she/he have any allergies to food, medicines or other? _____
Does she/he have any special dietary needs? _____
Does she/he have any special needs? Please continue overleaf if necessary: _____
Can she/he swim 50 metres and tread water? YES/NO
Name, address and telephone number of own Doctor: _____

Date of birth: _____
During the event I can be contacted in an emergency at: _____

Telephone number(s): _____

I understand that the 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 Scouter in charge to sign any document required by the hospital authorities.

Signature of parent/guardian: _____ Date: _____