



CAMP INFORMATION FORM



**This form should be completed by all campers of all ages.
Also complete the Health Form and if necessary the Medications Form.**

Permission to attend

I give permission for (name of camper)
To attendCAMP... (name of camp)
Fromto(date of camp)

Permission to undertake activities

I give my consent for my son/daughter to take part in all camp activities, and understand that all outdoor activities involve an element of risk. (Specific permission forms for some activities or providers may also be required)

Contact details

During the camp, I can be contacted on (please give telephone numbers and times if different from usual contact details)

Contact Number 1:..... (Relation to camper).....
Contact Number 2:..... (Relation to camper).....

Swimming

My YL/Scout/Cub/Beaver **can / cannot** (delete as appropriate) swim 50m and tread water
My YL/Scout/Cub/Beaver **has / has not** (delete as appropriate) permission to bathe under careful supervision.

Diet

Please delete any of the following which due to religious or moral grounds your scout/cub/beaver WILL NOT eat.

Meat Fish Other Seafood Dairy Products Nuts Gluten

PLEASE list any fussy eating habits, dietary needs or I do not like to eat. If none say **"NONE"**

E.g. No Mushrooms:.....

The camp leadership reserve the right to send any participant home.

Signed:Date:

Print Name:Relationship to scout/cub/beaver:

Health

Infectious diseases

I will tell the camp leader if my son/daughter has been in contact with any infectious diseases during the three weeks prior to the camp.

Tetanus

Date of last anti-tetanus injection:

Allergies and intolerances

Please tell us of any history of reactions

Doctors details

Name, address of surgery, contact number:

General medical complaints e.g. asthma; if none, say none: please give details of how your child shows they are unwell and how we can best help. Do not assume knowledge. IF YOUR YL/Scout/Cub/Beaver is currently taking medication please fill out our **MEDICATION** form.

Permission to administer

I give permission for the undeleted medications/treatments below to be administered by a warranted leader. Please note that the manufacturer/brand of medication/adhesive plasters that we keep in our First Aid equipment will vary. If your scout/cub/beaver should only use a specific manufacturer/brand of this medication then we suggest that you provide this separately and notify us using the medication form below.

Paracetamol
Sun cream

Anti-histamine cream
After sun

Burneze
Immodium

Waspeze
Adhesive plaster

If it becomes necessary for my scout/cub/beaver to receive medical treatment, and it is not possible to contact me for my specific consent, I give my general permission for any necessary medical treatment, and authorise the scouter in charge of the camp to sign on my behalf any form required by the hospital authorities in the case that a medical practitioner deems the delay required to obtain my signature unwise.

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This is explicit in the Children's 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. For this reason we do not insist on parents signing the above statement. However, it can be comfort to the medical staff to have general consent in advance from parents or have a leader on hand able to sign forms required by medical authorities.

Signed:Date:

Print Name:Relationship to scout/cub/beaver:

MEDICATION

Please only fill in if you are providing medication for your child to take whilst on camp.

This form should be handed in to the Leaders along with the NAMED medication when your young person is dropped off at camp.

Name:

MEDICATION 1:

Name of medicine:

Reason for requirement.....

Dosage.....

When should the medication be administered?

MEDICATION 2:

Name of medicine:

Reason for requirement:

Dosage:

When should the medication be administered?

I give permission for the above medications to be administered to my child, by a camp leader, to the above specifications.

Signed: (parent / guardian)

Date:

If your son/daughter requires more than 2 types of medication, please fill in the appropriate number of forms, and staple together.