



Bradford North District Scouts

Camp / Holiday Information and Parental Permission Form Health Form

Camp/Holiday information

This section is to be completed by the Camp/Holiday Leader.

Location:

Camp/Holiday Leader: Assistant Camp/Holiday Leaders:

.....

Parental or Guardian's consent

Please answer the following questions as fully as possible. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding what is the most appropriate treatment to give.

Surname: Date of Birth: NHS Number:

Forenames: Date of last tetanus injection:

He/she may bathe under careful supervision Yes No

Parent/guardian address during the camp/holiday:

..... Tel:

Family Doctor name and address:

..... Tel:

I hereby give permission for my child to attend the aforementioned camp/holiday.

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/holiday leader (or in their absence one of the assistant camp/holiday leaders), to sign any document required by the hospital authorities.

I will inform the camp/holiday leader if any of the information given on this form changes before the event takes place.

Name: Signature: Date:

Join the adventure

The Scout Association

Bradford North District Scouts, District Commissioner John Reynolds, Tel: 07710 548423



