

138th Glasgow Scout Group



PERMISSION TO CAMP FORM

I hereby give permission for my son/daughter _____ to attend the camp held at _____ between the _____ and _____, under the leadership of _____.

I detail below medical and dietary information along with emergency contact information.

Medical Information:

Medical Treatments:

Allergies:

Special Dietary Information:

Date of last tetanus immunisation: Date of Birth:

Name & Address of family doctor:

Contacts' Details (Please provide the name and address at which a parent/guardian may be contacted during the camp. Please also provide an alternative, where possible):

1 Name	2. Name
Address	Address

Telephone	Telephone

If it becomes necessary for _____ to receive medical treatment and it proves difficult to contact me, I hereby give my general consent to any necessary medical treatment and authorise a member of the Leadership Team to sign any documentation required by the hospital authorities.

My son/daughter MAY/MAY NOT* swim under careful supervision in open water
My son/daughter MAY/MAY NOT* swim under lifeguard supervision in local pools.

Other activities likely to be available include gorgewalking, archery, fencing, canoeing, sailing, walking, earth ball, scout craft, pioneering, night hikes and general games (indoor and outdoor), please use the space below to indicate any restrictions you would wish to place on your son's/daughter's participation (**please indicate NONE if all activities are permitted to be undertaken**):

Important Note : From time to time, photographs may be taken in order to supply the group archive and to promote group activities via the group website etc – please indicate on this form any restrictions you may wish to place on this process .

Signed: _____ (Parent/Guardian) Date: _____