



East Sussex County Scouts



The Colditz Challenge

PERMISSION TO CAMP

Camp: **Colditz Challenge**
Dates: **6th – 7th July 2013**

Location: **Broadstone Warren**
Camp Leader: **Matthew Lock**

Please return this form to your troop leader at least 1 week before the event

I give permission for my son/daughter _____ (name)
to attend this camp and have signed below to this effect.

Scout's Personal Details:

Date of Birth: _____ National Health Number: _____

Name of Doctor: _____ Telephone Number of Surgery: _____

Date of last Anti-Tetanus Injection: _____

Please tick the YES/NO boxes for all of the questions that follow. This information is given in confidence and will only be divulged to the appropriate Leaders.

Is there any medical condition or recurring complaint of which the Camp Leaders should be aware? (e.g. Travel Sickness/Migraine/Asthma, etc.) YES NO

Details

Does he/she have any special dietary needs? YES NO

Details

Does he/she have any allergies? YES NO

Details

Has he/she been in contact with any infectious illness within the last month? YES NO

Details

Is he/she having any medical treatment/medication at present? YES NO

Details

(cont'd....)



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(....cont'd)

You may pass any medication he/she will require during the camp at the Check-in desk on arrival. Scouts may keep their medication with them during the camp, but the Leaders will not accept responsibility for any misuse or loss of medication.

Every item should be clearly marked with his/her name, and full instructions for use.

In case of emergency, I have provided below two separate contact Addresses and Telephone Numbers for use during the camp.

1) Name(s) _____ Relationship to Scout _____

Telephones: _____

2) Name(s) _____ Relationship to Scout _____

Telephones: _____

In case of emergency requiring immediate medical intervention, I authorise the Camp Leader to give permission for whatever treatment is considered necessary for my child.

Date: _____ Signed: _____ Parent / Guardian