

# LODDON DISTRICT CENTENARY CAMP

## PERSONAL INFORMATION



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Group/Section \_\_\_\_\_

This section is to be completed by the parent/guardian of the named participant. It gives authority for the Camp Leader to sign on your behalf any papers required by the medical authorities in case of emergency medical treatment:

I give permission for the above named to attend the Centenary Camp at Phasels Wood, from 25<sup>th</sup> – 28<sup>th</sup> May 2007, and the following information is provided for the benefit of the camp leader (please continue on separate form if necessary):

1. Date of last Tetanus immunisation: \_\_\_\_\_

2. Medicines currently being taken (please provide instructions): \_\_\_\_\_

3. Allergies (food or drugs etc): \_\_\_\_\_

4. Does he/she have any special dietary needs: \_\_\_\_\_

5. Has he/she any mobility difficulties: \_\_\_\_\_

6. National Health No: \_\_\_\_\_

7. May he/she take part in supervised climbing/abseiling/shooting/archery activities: \_\_\_\_\_

8. Name, address, phone no. of GP \_\_\_\_\_

\_\_\_\_\_

9. During the camp my address and phone no. will be (if different to above): \_\_\_\_\_

I will inform you if my son/daughter has been in contact with any infectious disease within 3 weeks of the camp.

If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to any necessary medical treatment, and authorise the Scouter in charge of the camp to sign any document required by the hospital authorities.

Signed:

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_