



# LODDON DISTRICT EXPLORER SCOUTS

Charity Number 276613



## “Golly” Camp with Ranger Guides Jul 26<sup>th</sup> – Aug 4<sup>th</sup> – Permission to Camp Form

I give permission for my Explorer Scout: .....

To attend the: “Golly” Summer Scouting Sunrise Camp Linking with Hampshire Ranger Guides

At location/s: West Marden, Hampshire.

From/To: 6pm on Thursday Jul 26<sup>th</sup> – 8pm Saturday 4<sup>th</sup> Aug 2007

Under the supervision of: Colin Stamp (and other District & Explorer Leaders who may be going as well)

I will inform you if my Scout is in contact with any infectious diseases within three weeks of the event, and if he/she is under current medical treatment.

If my Scout has to take any pills or medicines, I will hand them to you clearly marked with his/her name and exact dosage, before departure.

I understand that the Camp Leaders reserve the right to send any participant home if necessary. If it becomes necessary for my Scout 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 medical treatment and authorise the leaders in charge of the camp to sign any document required by the medical authorities.

Signed ..... Date .....

Please print full name (of parent/guardian) .....

Relationship to Scout.....

Home address: .....

Home telephone number: ..... Mobile/Work Number: .....

### Please answer the following, and advise us of any change of circumstances should they arise.

Does your Scout suffer from any known food or medicine allergies e.g. Penicillin, nuts? If so give details

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Does your Scout suffer from any ailments or disabilities, such as asthma? If so give details and any remedies

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Does your Scout have any special dietary requirements, or any other special needs? If so give details .....

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Date of last tetanus immunisation.....Date of Birth:.....

Family Doctor, Address and Tel No. ....

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Contact address and Tel No(s) during camp (if different to above). ....

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Please detail any other relevant information overleaf. Thank you. Additional Details overleaf? Yes/No

### Please note that all information provided will be treated in strict confidence

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. However, it can be a comfort to medical staff to have a general consent in advance from parents or to have a leader on hand to sign forms required by medical authorities

LODDON DISTRICT EXPLORER SCOUTS

Charities Registered Number 276613

Website: <http://www.loddonexplorers.co.uk/>

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